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LIST OF ACRONYMS

AACC	All Africa Conference of Churches
ACCO	Association of Congolese Chauffeurs
ANARELA	African Network of Religious Leaders Living with or Personally Affected by HIV and AIDS
ARV	Anti-Retro Viral
BCC	Behavior Change Communication
BCIS	Behavior Change Impact Survey
CD	Centre Dushishoze
CDC	Center for Disease Control
COH	Corridors of Hope
CPC	Centre for Positive Care
CRS	Contraceptive Retail Sales
CRS	the Nepal Contraceptive Retail Sales
CSW	Commercial Sex Worker
DFID	Department for International Development (UK)
DHS	Demographic Health Survey
DiC	<i>PSI's Kunming Drop-in Center for IDUs</i>
DRC	Democratic Republic of Congo
DSD	Delayed Sexual Debut
EBB TIDE	"Evidence Based Behavior-change Targeting IDUs"
ESMG	Eritrea Social Marketing Group
FBO	Faith Based Organization
FHI	Family Health International
FP	Family Planning
FSW	Female Sex Workers
G/PHN	Global Bureau's Population, Health, and Nutrition
IDPs	Internally Displaced People
IDU	Injecting Drug User
IEC	Information, Education, and Communication
IPC	Interpersonal Communication
ITN	Insecticide Treated Net
IUD	Intrauterine Device
KAP	Knowledge, Attitudes, and Practices
LPV	Luta Pela Vida
M&E	Monitoring and Evaluation
MAP	<i>Measuring Access and Performance</i>
MARP	Most At-Risk Populations
MC	Male circumcision
MCH	Maternal and Child Health
MDACS	Mumbai District AIDS Control Society
MDM	Médecins du Monde
MINALOC	Ministry of Local government
MININTER	Ministry of Internal Security

MIS	Management Information System
MOH	Ministry of Health
MOHSS	Ministry of Health and Social Services
MSM	Men who have Sex with Men
MVU	Mobile Video Unit
NCASC	National Center for AIDS and STD Control
NCASC	National Center for AIDS and STD Control
NFHP	Nepal Family Health Program
NGO	Non-governmental organization
NUEYS	National Union of Eritrean Youth and Students
OPL	Operation Lighthouse
ORS	Oral Rehydration Salts
PASMO	Pan American Social Marketing Organization
PATH	Program for Appropriate Technology in Health
PE	Peer Education
PEVs	Peer Education Volunteers
PLWHA	People Living with HIV/AIDS
PMTCT	Preventing Mother to Child Transmission
PNLS	Programme National De Lutte Contre le SIDA
PNSR	National Reproductive Health Program
PSI/LS	PSI Lesotho
RMP	Role Model Presentation
SM	Social Marketing
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
SWS	Safe Water System
TOP	Targeted Outreach Program
TRaC	Tracking Results Continuously
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing

INTRODUCTION

Summary Project Description

The AIDSMark program is designed to implement HIV/AIDS prevention and mitigation interventions worldwide for USAID, both on a regional and country-specific basis. AIDSMark socially markets essential health products and services and also develops and disseminates messages and concepts relating to behavior change.

AIDSMark supports the Global Bureau's Population, Health, and Nutrition (G/PHN) six intermediate results (IRs) under USAID's Strategic Objective (SO) 4. The AIDSMark contribution consists of: (1) enhanced and expanded social marketing of barrier methods, (2) social marketing applied to STI management and prevention worldwide, (3) effective advocacy for contextual changes as a result of and in favor of social marketing, (4) strengthened and expanded private sector involvement in STI/HIV social marketing projects, (5) increased availability and use of information on the effectiveness of social marketing for STI/HIV prevention and management, and (6) worldwide leadership in social marketing for STI/HIV prevention and management.

Summary of Activities Carried Out During Reporting Period

Since its inception in late 1997, AIDSMark has funded a total of 115 projects in 56 countries. AIDSMark program funding is comprised of approximately 91.21% field support money and 8.79% Core funding. As most activities under the AIDSMark agreement are field driven, Core monies are primarily dedicated to providing strategic and technical support to these field projects. Due to the rapid increase in field support monies flowing through AIDSMark over the last few years, Core monies have been stretched to support an increased volume of work. This support is needed to increase the scope and scale of our programs as well as provide enhanced technical oversight dedicated to improving the impact projects have on the HIV/AIDS epidemic.

AIDSMark programs continue to play a critical role in utilizing private sector distribution channels to assure that quality condoms are accessible to high risk populations vulnerable to HIV/AIDS. While access and affordability of condoms remains a major issue in many parts of the world, AIDSMark programs address additional issues including: delay of sexual debut; partner reduction, personal risk perception; voluntary counseling and testing; prevention of mother to child transmission; and STI prevention and treatment. All of these interventions are designed using social marketing strategies to target high-risk groups and to maximize impact in the most cost-effective manner. A combination of market and epidemiological analysis equips AIDSMark programs with a unique approach to effectively reduce transmission of HIV/AIDS.

Over the course of fiscal year 2005, PSI developed a regional communications campaign to address barriers to delayed sexual debut. This campaign encourages youth, ages 14-19, to embrace gender roles and norms that are inspiring rather than demoralizing. The creative strategy looks at two opposing scenarios to redefine gender roles: the brutal reality that young men and woman in Africa face (peer pressure to fit in and have sex, humiliation of young men who are virgins, sexual violence and transactional sex) compared to the lifestyle they deserve and aspire to have (having the self esteem to make choices that are smart, responsible and

essential for a happy and health future). Television, radio, print, and interpersonal communications will engage and involve youth in making these choices for their future.

Core monies have also helped pilot a cross-generational sex prevention project in Uganda, a male circumcision project in Haiti, as well as provided additional research staff to improve monitoring and evaluation of all AIDSMark's projects.

Key Accomplishments and Their Significance

Key Core accomplishments during FY 2005 include the following activities.

Regional Behavior Change Communications Campaign

Description

In order to develop high-quality evidence based campaigns, AIDSMark provides a service to PSI country programs to facilitate the development of behavior change campaigns on a regional basis. Regional campaigns address common behavioral themes across countries and prevent reinventing the wheel by designing and producing similar campaigns in each country. Benefits of a regional campaign include economies of scale and consistent high-quality campaign materials across countries.

Progress in FY 05

The Delayed Debut campaign is based on qualitative research carried out with 14-19 year olds from eight African countries that concludes that sexual violence and coercion, intense peer pressure and transactional sex are major barriers to delayed sexual debut for African teens. The campaign encourages young people to rethink what it means to be a "real man" or "real woman" in response to research which revealed that youth equated sex with masculinity or femininity and often view their first sexual encounter as the transition into adulthood.

To date in 2005, six countries have launched the campaign: Nigeria, DRC, Zimbabwe, Burkina Faso, Togo, and Malawi. Six others are expected to launch by the end of 2005: Benin, Burundi, Botswana, Zambia, Angola and Guinea. Five additional countries anticipate a launch date towards the end of 2005 through the first quarter of 2006. These countries are: Rwanda, Cote D'Ivoire, Kenya, Cameroon, and the Central African Republic. All participating countries have adapted the campaign to their local languages by recording voiceovers locally. Those voiceovers are then sent to our central production agency in Nairobi to be mixed to produce final, broadcast-ready materials. Rigorous research processes are being used in participating Delayed Debut countries in order to effectively monitor and evaluate the campaign.

The Trusted Partner regional campaign launched in the last participating West African countries this year, bringing the total number of countries airing the campaign to twenty. Several countries conducted baseline and follow-up surveys with young people age 15-24 to assess the impact of the campaign this year. The results of a multivariate analysis controlling for socio-demographic factors have been collected and analyzed. These results are currently being written up and a final report is expected to be complete before the end of 2005.

A CD-Rom will also be produced by the end of the year to showcase the Trusted Partner campaign's final materials and results. In addition, a "lessons learned" document will be

produced describing AIDSMark's innovative process of development, implementation, and evaluation of regional behavior change campaigns.

Interpersonal Communication

Description

Interpersonal Communication (IPC) focuses on one-on-one interactions that address the underlying causes of risk taking and specific barriers to behavior change. IPC programs take into consideration the context in which risk occurs and work at the individual or small-group level to create new understandings, increase self efficacy, and ultimately create positive behavior change. The justification for IPC is that it is a human, personal and targeted method which will better enhance behavior change than mass media interventions by addressing issues/context surrounding a given risky behavior (e.g.: decision making or condom negotiation). What defines any IPC method is the level of targeted and individual attention given to each participant and to each behavior change factor.

Progress in FY05

IPC programs for both the Delayed Debut and the Trusted Partner campaigns were developed and pilot tested.

The Delayed Debut IPC program, *Safe from Harm*, aims to increase the amount and improve the quality of parent/child communication about sex, HIV/AIDS, pregnancy, birth control, and adolescent social pressures, by equipping parents with the communication skills and the knowledge they need to talk to their teens and by improving adolescent communication skills and risk perception. The program consists of four individual small group sessions and a fifth session which brings parents and their children together. The *Safe from Harm* program has been pilot tested in Zambia and South Africa. The results from the M&E should be received in November 2005 and will be used to make any necessary changes to the program. The *Safe from Harm* program has also been adopted to incorporate a faith-based perspective in Zimbabwe. In addition to incorporating scripture into the program manual, twenty pastors were trained in September 2005 to act as *Safe from Harm* program facilitators. A pilot test of the faith-based version is currently being piloted in two high-density church congregations in Harare.

The Trusted Partner IPC program aims to increase personal risk perception. It consists of a series of three small group discussions. The first group session focuses on the following:

- Creating a trusting and supportive environment for the group session
- Facilitator disclosing their personal HIV/AIDS story
- Respondents disclosing or sharing similar or other stories

The second and third group sessions focus on the following:

- Re-establishing caring and supportive group environment
- Re-cap on content and discussion of previous session
- Group discussion on their emotions/reactions to the session
- Personal risk perception
- Any changes in emotions reactions to the session over time
- Any changes in attitudes, behavior or behavioral intentions
- Barriers to change and overcoming barriers to change

The program was pilot tested in Nairobi in 2004. Results include statistically significant increases in reported HIV testing among participants and their sexual partners, partner reduction, and ability to communicate with romantic partners about sex and HIV/AIDS between baseline and the third follow-up period (3 months after project).

Results from the pilot program are currently being used to finalize the program manual and the facilitator training guide. The program is available for implementation in country programs.

Expansion of Voluntary Counseling and Testing Projects

Description

As of October 2005, PSI implements VCT projects in 19 countries worldwide. In the past year, PSI expanded its VCT portfolio to include five new country programs including South Africa, Lesotho, Cambodia, Myanmar, and Vietnam. PSI also has programs in Zimbabwe, Zambia, Namibia, and Swaziland under the name *New Start* and in Mali and Cote d'Ivoire, under the name *L'Eveil* ("Awaken" in French). VCT services in Mozambique are branded with the name *Renascer* ("Rebirth" in Portuguese). PSI also implements VCT programs in Benin, India, Kenya, Haiti, Togo, Uganda, and Rwanda.

Progress in FY 05

As a result of these programs, PSI sites provided high quality VCT to over 400,000 clients from September 2004- September 2005 alone. PSI averted over 2,000 primary cases of HIV and 20,000 secondary cases of HIV through VCT programs in 2004-5. Since 1999, PSI's VCT programs have tested over 1 million clients.

Thousands of people have been tested in their communities and workplaces in over eight country programs through mobile VCT services. Rural, at-risk and mobile populations have been effectively encouraged to get tested through increased availability of high quality VCT centers in their communities. Addressing the health needs of high-risk groups is essential in limiting the further propagation of the HIV epidemic in these countries. PSI is committed to providing high-quality VCT to these populations through a variety of methods, including the use of rapid HIV test kits which ensures that clients receive their test results quickly and are counseled and referred accordingly; mobile VCT, which brings services to clients and facilitates their access; and combining VCT with other health services to further increase access to general healthcare. In Zimbabwe, over 35% of PSI's 15,000 monthly clients received VCT services through mobile outreach teams.

In addition to standardized quality assurance guidelines and protocols, PSI has improved upon referrals to care and support following VCT, especially with the rapid roll out of ART programs in many countries. Referral guides have been developed in each country; counselors and VCT staff are trained on their use, and staff have developed relationships with referral points to ensure a smooth follow up of all clients. Programs have also begun TB screening processes, facilitating the identification and referral of TB patients in VCT sites. Post test clubs have been established in five country programs to provide psycho-social support, nutritional counseling and ART adherence counseling (in New Life clubs in Zimbabwe) significantly increasing the health impact of the VCT programs through care and support.

AIDSMARK provided significant DC-based and field-based technical assistance to the growth, expansion and design of these VCT programs. The HIV/AIDS Service Delivery Manager finalized and distributed a VCT CD toolkit for the program and field staff and shares lessons learned resources and materials over an internal website. She also produced a VCT brochure that detailed all of the various innovations in VCT programs as implemented by PSI in the field.

Prevention of Cross Generational Sex Pilot Project in Uganda

Description

PSI/Uganda will work in close collaboration with Government of Uganda and faith based organizations to reduce the dangerous practice of cross generational sex. This campaign aims to move beyond traditional behavior change communication, and will strive to seed a social movement which will change deeply rooted social norms that drive this unhealthy practice.

The first component of this campaign will involve working closely with the Government of Uganda to assure that public officials understand how destructive cross generational relationships are; PSI will provide training that will allow them to speak publicly about cross generational sex at every opportunity. PSI will also work closely with human rights and women's advocacy groups to explore how statutory rape laws can be better enforced, and how to better support victims of sexual violence.

The project will also develop an innovative network of role models which will allow successful women to reach out to young girls in their community. The primary objective of this work will be to build the young women's self esteem, and help them plan for more successful and healthy futures.

Collaboration with the faith based community will also figure centrally in this program. PSI staff will start by working closely with religious leaders to assure that cross generational messages are included in liturgical materials. Project staff will also work with church leaders to develop programs which: a) help parents discuss reproductive health with their children, and b) provide counseling for youth, and in particular young women, to help them build self esteem and greater appreciation for the risks of cross generational sex.

All of the activities described above will be supported by a media campaign which will attempt to diminish social acceptance for cross generational sex, assure that the risks of this practice are fully appreciated, and build the self esteem of young women.

Progress in FY 05

As one of the most outspoken critics of organizations involved in condom promotion, the First Lady's involvement lent valued legitimacy to both program activities and the campaign. Cross Generational Sex was a non-controversial issue on which both parties were able to agree. The partnership with the First Lady's office had an additional positive knock-on effect on her acceptance of other areas of PSI's work which did not involve condom promotion. Enlisting her support was a major accomplishment for the organization as a whole.

The Parent Skills Training provided a fantastic opportunity for PSI to make in-roads into the FBO community. The religious leaders involved in the program took on the issue as one of personal concern and delivered key messages during masses and sermons. PSI was able to bring

together religious leaders from all six denominations to develop and implement the program. The participatory process which was used to develop the curriculum resulted in a heightened sense of ownership of the program.

The role model component of the program was very popular and high attendance figures were registered at each Role Model Presentation. Anecdotal feedback showed that out of the various program components, RMPs were the most enjoyable.

The program contained an internship component which enlisted 17 participating companies. 47 girls were placed in these companies, of which, nine girls were given permanent positions by the organizations they were placed in. Having taken on six girls for internship, Coca Cola was nominated the most supportive organization and received an award from the Go Getters to demonstrate this.

Faith-Based Organization Partnerships

Description

PSI began working with religious leaders and faith-based groups (FBOs) in the mid-1990s. In 2003, with USAID funding through AIDSMark, PSI hired an FBO coordinator, and launched two FBO partnership programs in Malawi and Uganda. A partnership with All Africa Conference of Churches facilitated the development of a HIV/AIDS training program for clergy in 2004.

Progress in FY 05

PSI and All Africa Conference of Churches held two regional seminars focusing on how to implement an HIV/AIDS policy in the church and how to develop effective HIV/AIDS programs. The training seminars were held in DRC and Kenya respectively.

DRC

The French-speaking seminar was held in DRC and 40 pastors from different denominations attended. There were 10 African French-speaking countries represented by bishops, National Council of Churches general secretaries, and HIV/AIDS program officers. The training was designed to equip the church leaders to develop HIV/AIDS policies and implement HIV/AIDS programs in their respective denominations. The seminar included a component on addressing stigma within the churches and was led by the Association of Religious Leaders Living with HIV/AIDS (ANARELA). Participants prepared an HIV/AIDS policy for their denominations and an action plan for their activities.

Kenya

Forty church leaders from 13 English-speaking African countries assembled for four days to learn how to formulate and implement an HIV/AIDS policy. The participants consisted of general secretaries of the national councils of churches, HIV/AIDS program officers, bishops, Kenyan church leaders and AACC staff. Ashley Judd, the YouthAIDS Ambassador, called upon churches to challenge cultural and religious practices that render young women vulnerable to HIV infection. Rev. Chule, a representative from ANARELA conducted sessions focusing on VCT, PMTCT and stigma toward PLWHA. By the end of this presentation, all participants who

had not gone through VCT were prepared to take this critical step and encourage their congregations to do the same.

Swaziland

PSI/Swaziland is working with the Church Forum, Leagues of Churches, and Conference of Churches to develop HIV prevention communications, education and training materials tailored to the needs of their clergy and congregations. In collaboration with these local FBOs, PSI developed a training curriculum and organized three seminars for a broader audience of FBO clergy to educate them on the key issues on HIV/AIDS knowledge and awareness, promotion of delayed sexual debut, abstinence and fidelity, and/or reduction of cross-generational sex, as well as stigma reduction. The seminars aimed at

- Providing skills and confidence for pastors to train, inform and educate their congregations, particularly youth, openly, truthfully and appropriately about HIV prevention, gender and human sexuality
- Providing liturgical and prevention education materials for use in churches
- Increasing knowledge about how discussing sex can lead to healthier behavior
- Increasing knowledge about cross generational sex, its impact on the spread of HIV and how to address it
- Increasing knowledge on partner reduction.

Zimbabwe

AIDSMark worked closely with FBO groups, in association with PSI/Zimbabwe, as part of the *Safe from Harm* IPC Program which focuses on increasing parent/child communication about sex, HIV/AIDS, and other social pressures as a means to encourage and support adolescents to delay sexual debut. The *Safe from Harm* program was adapted to incorporate a faith-based perspective. AIDSMark staff worked with PSI's local Zimbabwe office to build FBO capacity to work with the IPC program. This included conducting an initial IPC program facilitator training with approximately 20 pastors and religious leaders from in and around Harare. The program is currently being piloted in 2 church congregation communities, and will be scaled up upon completion of the pilot program and analysis of the results.

Operation EBB Tide

Description

AIDSMark Core funding supported the focused pilot program "Evidence Based Behavior-change Targeting IDUs" (Operation EBB TIDE) in the Central Asian Republics. This intervention will add insight and increase impact to PSI Central Asia's current programs and serve as a learning model for the entire region. By implementing EBB TIDE in the same areas as other Central Asian programs, PSI is working to assure that communities are equipped to address issues related to drug use from primary prevention to risk reduction for those actually using. Such communities will consequently be better equipped at addressing issues that affect vulnerable youth and drug use.

The goal of the program is to reduce HIV incidence among injecting drug users (IDUs) in model sites in Central Asia. The injection of opiates among Central Asian youth is fueling a rapid spread of HIV in the region, which is augmented by sexual HIV transmission. The purpose of the

program is to promote safer sexual behavior and risk reduction behaviors among IDUs at model sites using a high coverage social marketing strategy.

Progress in FY 05

Ebb Tide project implementation began in earnest in January, after a program manager was hired. Between January and May, enormous progress was made on the project. Key benchmarks achieved include: key staff were hired and trained; agreements with two key NGO partners were finalized; baseline research was launched utilizing innovative new methods to obtain high quality information from injecting drug users (dyad and triad interviews, with drug users and social workers performing the interviews themselves); a training program (Break the Cycle) was developed to be used to improve the quality of outreach work in Bishkek and Osh; a scheme to involve pharmacies in provision of services to injecting drug users was developed in order to expand coverage of IDUs using community based pharmacies.

Certain events outside of the control of PSI have further delayed implementation of the Ebb Tide project. A revolution in Kyrgyzstan forced PSI to scale back operations during the month of April. Partner organizations, particularly the pharmacy network partners (many pharmacies were looted during the revolution), are nervous about cooperating with PSI regarding the scheme to draw drug users into pharmacies. PSI is working with the pharmacy network to solve this problem.

HIV Prevention through Risk Reduction in Thailand and China

Description

This regional HIV/AIDS prevention project targeted drug users (opiate and methamphetamine) in the Golden Triangle area, specifically in the Thai provinces of Chiang Mai and Chiang Rai, and in China's Yunnan province. Activities were designed to increase the body of audience research to inform the design and distribution of information, products and services, and to provide a baseline against which to measure project impact; to increase community support for risk reduction, including law enforcement; and increase PSI affiliates' capacity to implement risk reduction social marketing programs.

Progress in FY 05

Within the 14 selected districts in two provinces, 72 IDU communities were identified and mapped: 39 in Chiang Mai province and 33 in Chiang Rai province. Approximately 13 percent of IDU communities are located in urban areas and 87 percent in rural areas. IDU communities appear to cluster in the same vicinity within a district. Most of the communities situated in the highlands or in hard to reach locations are massed along well-known drug routes between Myanmar and Thailand. Relatively dense concentrations of communities are located in and around Chiang Mai city, along the route to Myanmar, and in border areas.

Haiti Male Circumcision Pilot Project

Description

In addition to flow through funding to NGOs and consultants for male circumcision studies in Africa, AIDSMark Core funding supports a pilot project, implemented by PSI/Haiti, to test and develop a model for implementation of male circumcision for large-scale replication.

In order to accomplish this, PSI/Haiti will enable up to six health care sites in the Port-au-Prince area to provide high quality male circumcision services, improving access to and utilization of affordable male circumcision. PSI/Haiti hopes to create informed demand for MC services by improving awareness of the importance and availability of MC amongst mothers, men, and adolescents of reproductive age in the project areas. The quality of MC services will improve in the project target areas via extensive training in service delivery protocols, including the increased availability of MC instruments and supplies in 6 facilities. To ensure the development of an accurate model, PSI/Haiti will document experiences and lessons learned throughout the project-funding period and beyond, for sharing with other stakeholders.

The project will reach sexually active Haitians of all ages residing or working near the selected sites; however, the primary target group for the project will be newborns and youth 15-24 years old. An estimated 1,200 low-income adolescent and adult men in their reproductive years with a particular emphasis on targeting young single men and 600 neonates in targeted centers will directly benefit from this project.

Progress in FY 05

In August, Dr. Boisrond carried out training sessions and site visits at the selected sites: HUEH and FOSREF and Citymed- MARCH. In September, no training activities were conducted as Dr. Boisrond had to be hospitalized. Dr. Boisrond assisted with pre-counseling of patients and monitored surgery to ensure quality of services. In October, further sites visits were carried out. In November, additional supervisory visits were conducted as well as 6 days of training sessions for all sites. In December, one full day training session was carried out for the benefit of medical students at the University Quisqueya.

While the project is in many ways short of the objectives set, there has been significant increase in demand for circumcision and not only for the targeted age groups (neo-natal and 15-24 year olds), but for all age groups. The political instability of the country as well as logistical issues encountered also contributed to delays during implementation.

Nevirapine Packaging Study

Description

AIDSMARK supports the testing of single-dose Nevirapine. One important barrier to expansion of pediatric and maternal treatments with Nevirapine is the absence of single dose packaging for the pediatric oral suspension of Nevirapine. Such packaging will be required in rural and other settings characterized by limited clinical capacity and low client load.

Progress in FY 05

AIDSMARK completed an assessment of the acceptability of two proto-type single-dose devices for pediatric Nevirapine oral suspension in Zambia and Tanzania. From November 22-December 4, 2004 and from March 13- April 3, 2005 the field work data collection was conducted for the Nevirapine Packaging Acceptability Study in Tanzania and Zambia respectively. In Tanzania, the research team traveled to a total of four MCH clinics in the Kilombero and Hai Districts. In Zambia, the research team traveled to three MCH clinics and hospitals in the Copperbelt and Southern Regions of Zambia. In both countries, study sites were selected in collaboration with local authorities. At each clinic, grandmothers and mothers of

reproductive health age (15-49) as well as health care providers were interviewed to evaluate the package design, usability, and acceptability of two single-dose packaging options, the Uniject-DP and the Exacta-Med dispenser, for administration of pediatric Nevirapine oral suspension. The interviews incorporated both direct observations and semi-structured interviews to document the experiences of the respondents as they handled the devices.

The results of this data collection has helped to inform the selection of the single-dose device (Exacta-Med) that the project will move forward with and continue to develop. A write-up of the findings has been provided to PSI field offices, the USAID missions in Zambia and Tanzania, and other local organization collaborators. Distribution of this document of findings completes PSI's obligation for this project, although USAID and PATH will continue with the development of the single-dose device.

Research Support – Toolkit Development

Description

AIDSMARK works closely with PSI's Research Division to enhance the ability of AIDSMARK programs to make evidence-based decisions, and hence increase health impact. The Research Division organizes itself around three primary processes: knowledge management, technical assistance and analysis. The knowledge management function aims to establish the marketing decision support system through a program of documentation, training and statements of best practices set out in the PSI Research Tool Kits. The technical assistance function aims to produce the social marketing research series reports through a program of study design, data collection, and standardized analyses. The analysis function aims to publish findings relevant to stakeholders and relating to each step in the process of social marketing for HIV/AIDS.

Progress in FY 05

The goal of PSI's Research Division is to improve the performance of PSI interventions by providing high-quality, evidence-based research. In 2005 AIDSMARK funded 40% of PSI Research's \$1.3 million budget. This funding provided the resources necessary for PSI Research to conduct its HIV/AIDS-related research and significantly enhanced PSI's overall research capacity in 2005.

Among the outputs of the Research Division this year include 1,100 person days of training, 15 new TRaC (*Tracking Results Continuously*) surveys, as well as the launching of two new training curricula. 6 Social Marketing research working papers were also produced as well as the addition of 7 new countries to PSI's MAP (*Measuring Access and Performance*) survey monitoring, in turn, furthering PSI goals in evaluating the relationship between product and service and quality and behavior among target populations.

Systematic literature reviews are among the outputs of PSI Research. In 2005, 28 such literature reviews were conducted. HIV/AIDS specific literature reviews were used for AIDSMARK Epi-Pi trainings which have enabled local PSI HIV interventions to better identify and target risk groups and behaviors in their HIV/AIDS programming. Utilizing the most current epidemiological research, such literature reviews were conducted for Angola, Cambodia, Mozambique, and Russia during the year. Overall, 10 HIV/AIDS related reports were produced in 2005, in turn, enhancing and better informing PSI HIV/AIDS-related interventions. Two reports were produced on the topic Voluntary Counseling and Testing (VCT), one on the VCT market in South Africa,

and another on the motivations and barriers to VCT utilization among risk groups in Vietnam. Three working papers related to HIV/AIDS were also initiated during the year. Among them, a study on drug use and HIV/AIDS risk perspectives in the Central Asian countries of Tajikistan and Uzbekistan.

Lessons Learned

Description

AIDSMARK will document and disseminate best practices and lessons learned for several AIDSMARK initiatives. This exercise will help missions critically assess the most effective uses of social marketing. In the broader perspective of PSI, AIDSMARK initiated a trend of shifting social marketing approaches from product-driven to a diversified behavior change approach. The lessons learned document will focus on this shift and define best practices for strategies including BCC development, VCT, working with target high-risk populations, and diversifying communication strategies beyond the mass media. Collaboration between AIDSMARK program staff, field staff, and the research department and the use of illustrative case studies will enable the lessons learned document to provide a good technical analysis of achievements, challenges, and best practices. Specifically, AIDSMARK will be evaluated as a funding mechanism, a catalyst for change, and a provider of technical leadership and assistance.

In addition to an AIDSMARK lessons learned document, a VCT newsletter will be developed to share lessons learned across the PSI-VCT network. AIDSMARK will also develop a lessons learned/BCC campaign development document which outlines the necessary steps required for country programs to develop an effective behavior change campaign.

Progress in FY05

First steps in the AIDSMARK lessons learned project entailed conducting a stakeholder analysis survey among PSI and USAID staff to identify programmatic areas of interest for inclusion. While this will be an evolving project, with room to include new topics, several broad areas have been identified as the focus of lessons learned documents including: Social marketing and franchising of VCT; the female condom; Operation Project Lighthouse; behavior change communications, including both regional campaigns and a general shift within PSI toward integrating BCC into more activities; and the role of AIDSMARK supported research in improving overall capacity to identify and segment target groups, monitor and evaluate programs.

In 2005, AIDSMARK staff, in collaboration with field staff, have begun background interviews and research and have prepared draft documents for: VCT, the female condom, high-risk prevention with injecting drug users (IDUs), regional behavior change communications, and Operation Project Lighthouse. In addition to the lessons learned draft, a series of best practices documents and a VCT brochure were produced for local and international stakeholders and PSI country programs to highlight PSI's social marketing approaches to VCT.

PUBLICATIONS IN FISCAL YEAR 2005

- Delayed Debut Brochure
- VCT binder

Project Update for Fiscal Year 2004, By SSO4 IR

Intermediate Result 4.1: Increased quality, availability, and demand for information and services to change sexual risk behavior and cultural norms in order to reduce HIV transmission.

Activity 1: Angola – HIV/AIDS Prevention

Description

The overall goal is to reduce HIV transmission by increasing condom use among high-risk groups. The Expansion Program, covering Luanda, Benguela, Cabinda, Huila and Huambo, will continue to target CSWs and youth aged 15-24, with an added focus on other high risk groups such as truck drivers along the border regions and internally displaced people (IDPs).

The Expansion Program will reach target groups in Luanda and the four target provinces with key AIDS prevention messages through national and provincial media, and through collaboration with UNICEF and other international and local NGOs/CBOs, provincial health offices, and companies with workplaces in the provinces. The Expansion Program will also promote delaying sexual intercourse among youth and the reduction in number of sexual partners among all target groups as effective means to protect oneself from HIV infection.

An important component of the program will be providing sub-grants and technical assistance to partner NGOs/CBOs nation-wide who will implement community-level interventions with training and supervision from PSI/Angola. Similarly, PSI/A will collaborate with national level stakeholders, including the PNLS/MOH, donors, multilateral organizations, the military, the church and international and local NGOs working on HIV/AIDS to coordinate activities and build a strong national coalition of support.

Progress in FY 05

In December 2004 PSI issued RFPs for new partners. PSI provided capacity building support to a total of 10 local NGO partners, which between them, conducted 6,216 activities and reached 93,090 beneficiaries. Among them is the Bue Vivo youth radio program. Supported by PSI its audience appears to be growing, with the number of phone calls it receives every week increasing from 3 at the beginning of year, to 22 by the end of the year and an average of 6 letters each week. In addition, PSI reached an agreement with TPA, a national TV channel, to air all unbranded HIV/AIDS communications free of charge.

During the year, PSI has aired both Trusted Partner and Women to Women campaigns in Angola. The estimated value of their broadcast time, of which, being \$30,000. PSI also conducted qualitative research into perception of the Legal brand condom. Among its conclusions was that the Legal brand's name recognition is extremely widespread and that some of the problems associated with the condom may more likely be a result of incorrect usage of the condom rather than the condom's quality itself.

Activity 2: Burma – HIV/AIDS Prevention and Control in Burma: An Integrated Partnership Description

PSI/Burma will partner with Medecins du Monde (MDM) and Medecins Sans Frontieres/Holland (MSF/H) to expand and improve HIV/AIDS prevention and care in Burma. This one-year follow-on project is designed to increase behaviors conducive to prevention and control of HIV amongst Most At-Risk Populations (MARPs) in Burma. Priority groups include sex workers and their clients, men who have sex with men (MSM) and injecting drug users (IDUs).

The project will contribute towards three of the Intermediate results in the “HIV/AIDS Strategic Plan for the Greater Mekong region, 2003 – 2006”, prepared by USAID’s Regional Development Mission/Asia: (i) increased access to prevention interventions for most at-risk populations; (ii) increased access to care, support and treatment for PLWA and their families; and (iii) increased access to strategic information.

Progress in FY 05

PSI implements its Condom Social Marketing program extensively across Burma, and reaches 2/3 of all total townships nationally. In FY2005, condom sales have steady, with 2.7 million condoms being sold per month. This achieved the year’s target sales goal of 28 million and met its goal of increased condom use nationwide. Increased condom demand has been attributed to the wider media coverage and promotion of PSI’s Aphaw condom brand. This coverage has included newspapers, billboards, as well as the national airing of 15 episodes of an PSI sponsored TV program. Interpersonal communications have also been reinforced during the year by the recruitment of peer workers for CSWs and MSMs as a part of BCC team.

Drop-in STI centers in Yangon and Mandalay have maintained full operations without any opposition or complaint from local authorities or community members. CSWs and MSMs are the main clients of these centers. Apart from providing recreational facilities, the services offered by these clinics include exclusive STI consultation and treatments. These integrated activities (peer workers/DiC) have allowed PSI’s Targeted Outreach Program (TOP) to have a better reach into SW and MSM groups.

The most recent program of PSI is VCCT service, launched in March 2005. As of May, three of these VCT centers have counseled and tested a total of 300 clients. Three centers are new “QC” VCT centres, which are in Yangon, and a newly added VCT services in Yangon/Mandalay TOP DiCs. Most of the VCT clients so far are CSWs and MSMs, who receive VCT services at DiCs.

Activity 3: Burundi – HIV/AIDS Prevention

Description

The goal of the project proposed by PSI is to improve the reproductive health of the sexually active population, in order to reduce the incidence of transmission and prevalence of HIV/AIDS. The purpose of the project is to increase the correct and consistent use of condoms during high-risk sex, while encouraging abstinence and partner reduction. PSI’s project will target three of the groups identified by the PNLS/MST: 1) CSWs and their clients, 2) IDPs, and 3) youth (15-24 years old). These primary target groups reside in urban, peri-urban and rural areas. PSI, active in Burundi since 1990, is named in the PNLS/MST strategic plan as a key partner to increase access to and use of condoms by CSWs and their clients. The purpose of the project will support

the strategic plan indicator to increase the number of sexually active adults reporting that they used a condom during their last “high-risk” sexual act.

Progress in FY 05

PSI continues its social marketing of condoms nationwide, where 1579 outlets sell the Prudence brand condom in Burundi with more than half of those outlets being located in the rural areas. During the reporting period 1,246,944 condoms were sold.

Effective communication campaigns (both brand and generic) continue to address behavior change for the general public with a specific focus on CSWs, IDPs and youth (15-24 yrs old). IEC materials were developed and disseminated, and IEC events were conducted. 564 people were trained in IEC, and a total of 8,711 people were reached by the sensitization activities. IEC materials were developed and disseminated, including 1503 traditional clothes (pagnes) with messages to prevent HIV in the family, which was particularly appreciated by rural women.

Billboards messages were also developed during the reporting period. 14,508 pamphlets were also distributed with 443 wooden penises to demonstrate condom use. 2,358 stickers "Prudence sold here" were also distributed. IEC events were conducted and reached more than 1,400 people. 339 peer educators were also recruited and trained during this period.

During the year, PSI also conducted monitoring, evaluation and research activities to ensure the effectiveness of some elements of this project: these included pre- and post- tests of communication materials; and a KAP survey to measure the impact of the social marketing project among target populations. A MAP survey is being conducted to assess the extent of our product presence within various points of sale types.

During the year, a new financial, administrative and procurement directors, were also recruited. PSI/Washington continues to provide technical assistance to train and to improve local staff capacity. As a result, in order to strengthen the sustainability of PSI/Burundi, an integrated marketing plan was prepared together with all technical staff based on research data in order to maximize health impact amongst the target groups.

During the reporting period, the integrated strategic plan was prepared with contributions from all technical staff and was based on the research results. The marketing plan was reviewed by technical advisors from Washington. PSI is recruiting new staff members such as an HIV director and other technical staff to carry-on the MVU activities and to focus on identifying new target groups according to the recommendation made by the AIDSMark Director, John Berman, after his review of the program in June 05. Minimize financial vulnerability and strengthen institutional capacity: PSI has mobilized others sources of funds to achieve its objectives in order to improve the health impact in Burundi. PSI replaced the former country representative and recruited an operations manager who will be starting in November.

Activity 4: China –HIV/AIDS Prevention Mekong-China

Description

This project seeks to increase the contribution of social marketing to HIV/AIDS prevention along the Chinese border of the Mekong sub region. Specifically, PSI/Yunnan intends to:

- increase access to quality HIV risk-reduction products and services;
- increase comprehension and correct knowledge about HIV/AIDS; and,
- increase capacity to implement social marketing interventions for HIV/AIDS prevention.

To achieve these objectives, PSI/Yunnan has partnered with the Yunnan Public Security Bureau's Compulsory Anti-Drug Unit for IDU interventions. PSI will also work in close collaboration with USAID's Cooperating Agencies (Family Health International, International AIDS Alliance, Futures' Policy Project), with DFID's China/UK bilateral project, as well as with Provincial, Prefectural, County and Township officials.

Progress in FY 05

From the Oct 1, 2004 to March 31, 2005 reporting period, PSI China had significant progress in several areas. Among them includes, PSI's continued work with high risk groups such as IDUs and FSWs. IDU work consists of a drop-in center in Kunming and an innovative peer education program in the detox centers of Yunnan. PSI has also initiated the development of a drop-in center for FSWs in Mengzi, the new capital of Honghe prefecture. This will better position PSI to serve the growing population of sex workers in that town, drawn to town as a result of the local, large-scale construction efforts. A female condom pilot was launched in Gejiu at the FHI Wellness center. PSI also launched its umbrella brand Hu Xiang Hao ("Good for you, Good for me"). The Hu Xiang Hao logo will be placed on PSI products and services as a brand associated with high quality affordable HIV prevention. A province-wide, mass media campaign featuring Coco Lee was also launched on Yunnan TV. In its attempt to destigmatize HIV, the campaign's objective is to create a better climate for PLWHA and to educate the public on the dangers of drug use, particularly injection drug use. PSI also finished Phase 1 of its innovative pilot for the training of taxi drivers in Gejiu during the year. This program taught taxi drivers about HIV and provided them with IEC materials for distribution in their taxis. PSI then launched Phase 2 of the taxi driver pilot program, which involves taxi condom sales. This program is meant to provide condom access to the clients of sex workers who use taxis late at night, who would otherwise not be able to purchase them because of the late hour.

During this period, PSI also expanded its program into Guangxi. An assessment visit was conducted in January and plans were made to start a FSW program in Dongxing, which is close to the Vietnamese border. PSI has an agreement with the Guangxi and Dongxing CDC to implement this project. A drop in center, the first in that area, is also in development. Client research has been conducted and a report is currently being prepared on FSW and client issues and how PSI may address them.

PSI conducted a baseline KAP survey in 4 sites, as well as a mapping and distribution survey. This will provide information that will be used for programming, as well as monitoring and evaluation.

Activity 5: Corridors of Hope (COH)

Description

PSI will enhance the quality and availability of services at project sites through expanded and improved VCT services, improved STI services and expanded and improved condom availability

for high risk target groups. Emphasis will be placed both on creating links between interventions to create a consistent and holistic approach – for example by cross referring the target groups and by using the services as additional conduits for BCC messages.

Progress in FY 05

Lesotho

Activities included promotions and sensitization about PSI's New Start VCT centers in factories in Maseru and Maputsoe. These promotions focused on information about VCT services, where to access services and correct and consistent condom use. Nearly 5000 people were reached during our promotions.

PSI/Lesotho is re-developing its COH IEC material, specifically our educational brochures. The content and design have been updated to providing a more useful educational tool. All brochures were pre-tested in focus groups. Brochures will be printed in Sesotho as well as English at a 70/30 split. Brochures will be complete June 05 and ready for distribution in July 2005.

PSI/Lesotho began an advice column for HIV/AIDS and other related topics in February 2005. The advice column is published in the national newspaper bi-weekly. The questions come from readers from all over Lesotho, which are answered by VCT counselors and PSI staff.

PSI/Lesotho installed a MIS data tracking system, allowing us to accurately track condom sales by districts and outlets. Members of the Sales team attended a PSI regional training to enable them to introduce and use the new and improved MIS system to better capture data and track condom distribution within the corridors.

PSI/LS sent 3 VCT counselors to a CDC Couples Training Workshop in Johannesburg in January 2005. The counselors learned how to most effectively work with couples. The three counselors then trained the rest of the VCT/Lesotho counselors on the techniques.

PSI/LS conducted a peer education workshop for 100 CSW's, from which 10 CSW's were trained as peer educators.

PSI/LS conducted peer education training for 25 CARE peer educators and PSI's detailers (sales rep.'s) to educate them on VCT services, as well as a re-training on HIV/AIDS and other related topics.

Swaziland

The goal of the project was to help decrease the escalating HIV rates in Swaziland by increasing condom use at selected border sites in the country. The populations targeted by this project were high risk groups of mobile male populations, female factory workers and commercial sex workers. The project areas identified for this project were those where commercial sex takes place on a large scale. These were Manzini, Mbabane, Ezulwini, Oshoek, Matsapha, Lavumisa and Lomahasha. The specific border posts were Ngwenya, Lavumisa and Lomahasha.

Notable accomplishments were the establishment of a strong network of behavior change agents including CSWs and truckers, the training of Peer Educators and the strengthening of ties with other service providers along the Corridor. All the indicators were met and some targets were

exceeded, mainly the number of condom outlets along COH sites. The target of 624 condom outlets, was exceeded as 648 outlets were achieved during the reporting year. The BCC messages developed for truckers and transport operators received positive feedback from the drivers and their passengers, who also informed PSI Swaziland that they wished to purchase the cassettes for home private listening. We anticipate that this move will encourage further discussion around HIV/ AIDS issues in their respective homes.

South Africa

In South Africa the CoH project is implemented at Musina (SA/Zimbabwe border) in Ficksburg and Ladybrand (SA/Lesotho border). Our implementing partners are Centre for Positive Care (CPC) in Musina, and Sexual Health and Rights Promotion (SHARP) in Ficksburg and Ladybrand.

During the reporting period the “*Safe from Harm*” project in Ficksburg were successfully piloted. The primary objective of this project was to encourage parents and the adolescents to communicate effectively on all sexuality issues affecting them. Parents and their own teenagers were recruited for this pilot and two local teachers were included in the facilitation team. Parents and adolescents attended separate sessions for six weeks and the final session combined. Prior to the sessions, a baseline survey was conducted and a follow-up survey after the last session. Focus group discussions were also done and certificate ceremony was hosted, to thank all participants. The “*Safe from Harm*” project is now ready for replication in other areas.

Activity 6: Cote D’Ivoire

Description

This project proposes to reduce HIV incidence by increasing safe sex practices (partner reduction, consistent condom use) among sexually active adults in Ivory Coast. The project assumes that condom distribution will remain strong and that psychological barriers rather than access will remain the primary constraint to increasing use. A principal focus for achieving this is through the promotion of voluntary counseling and testing (VCT). This strategy also assumes that planned investments in increasing access to VCT will proceed and that increased demand for VCT can be met.

Progress in FY 05

The national broadcast of a PSI mass media campaign promoting the use of Voluntary Counseling and Testing demonstrated behavior change in areas with at least one VCT center, according to post broadcast research conducted during the year.

A study was conducted in Abidjan and San Pedro to measure the effects of the campaign which found that 76% of those interviewed had listened to or seen at least one of the campaign ads and 84% were able to correctly identify the campaign’s key themes. The knowledge of where to find VCT services among men who were heavily exposed to the campaign (defined as those exposed to all three supports: television, radio and outdoor) was 59.4%, compared to 31.4% for those who were not exposed. Among women, the percentages were 30.6% for unexposed vs. 63.4% for those heavily exposed to the campaign

Activities during the year also included the successful national broadcast of the documentary film “Des gens comme toi et moi” (People like you and me). In it, four HIV positive people talk about their seropositivity, their lives, and the lives of their family and friends. To further increase the impact of the documentary, the project organized a live televised round table discussion including the four people featured in the documentary, representatives of several ministries, including Health, AIDS Prevention, Education and Defense, and representatives of RETRO-CI. PSI-CI also distributed a total of 800 VHS copies of the film, each with a discussion guide.

A workshop for the local NGOs that had received training through the project brought together community and faith-based organizations, the Ministry of Health and donors. In addition to evaluating the capacity building aspects of the project it also provided an opportunity to exchange ideas on potential funding opportunities. Several potential sources of support presented included the Global Fund, the World Bank MAP program, and the US Emergency Plan for AIDS Relief.

Activity 7: The Democratic Republic of the Congo – Targeted Condom Social Marketing and IEC for AIDS Prevention

Description

The goal of this intervention is to contribute to a reduction in HIV prevalence in high-risk populations in the DRC. The purpose of the intervention is to increase the correct and consistent use of condoms and to promote the adoption of safer sexual practices among the target groups of people in uniform, commercial sex workers (CSWs) and transport workers. The intervention methodology is condom social marketing and targeted peer education, public health strategies that are widely recognized as effective HIV/AIDS prevention interventions.

Progress in FY 05

Through innovative activities and partnerships with local associations, PSI’s HIV program continued to expand the outreach of its targeted behavior change interventions. During the period, PSI signed 79 new partnership agreements to further its HIV/AIDS prevention messages and reinforce local capacity to conduct HIV/AIDS prevention activities and condom social marketing. PSI/ASF signed a national partnership with the Association of Congolese Chauffeurs (ACCO), and trained 39 ACCO staff in key long-distance trucking lots in Kinshasa and Lubumbashi as HIV prevention peer educators. In the last 6 months, these peer educators have conducted targeted IPC activities with over 3,000 truckers in the DRC.

PSI/ASF also expanded its CSW project through the signature of 4 partnership agreements with local NGOs in Kinshasa and Bukavu, organizations that conduct HIV/AIDS prevention activities with CSWs in collaboration with PSI/ASF activists.

During the reporting period, 10 local NGO activists were trained using the module and image kit PSI developed for HIV prevention IPC interventions with CSWs in the DRC. During this period, 1,224 CSWs also attended the 4-day HIV prevention BCC session, 897 CSWs attended refresher BCC sessions, 479 CSW partners and regular clients attended targeted BCC sessions, which included participatory games, videos, and a Q/A with a PLWA.

PSI/ASF's "Actions Prudence" edu-tainment activity, which targets CSW clients in bars and nightclubs, was also given a more permanent presence in high-risk locations during the year. After signing 74 agreements with local bars and clubs, PSI/ASF trained 74 DJ's in Kinshasa and Bukavu to regularly share and promote HIV/AIDS prevention messages with bar patrons. Utilizing their own unique styles, these DJs began introducing HIV/AIDS prevention themes in their performances and DJ sessions. All partnering bars also sell Prudence condoms to their patrons, making Prudence available in high-risk environments. As over 120,000 were reached by these "Health DJs," this project was among the notable successes of the year.

After 17-years of the same package and the "panther" logo, PSI/ASF also re-launched the Prudence brand in the DRC. Repositioning Prudence condoms as "the condom for Congolese who love life and respect the life of their partner," the new campaign is centered on the slogan: "Let's cultivate love. Not war." (Cultivons l'amour. Pas la guerre."). The campaign includes 5 key messages that address behavior change obstacles to condom use. The entire campaign aims to destigmatize condom use among Congolese by promoting Prudence use as the choice of healthy, responsible and fun-loving individuals, regardless of age or status.

This period represents a transition in funding from the current family planning program to the new five year USAID family planning program, expanding project activities from 3 sites to 8 sites throughout the country. Currently, 100 pharmacies in Kinshasa, 17 pharmacies in Lubumbashi and 15 pharmacies in Bukavu carry Confiante, the socially marketed brand of IUDs, injectables, oral contraceptives, and cyclebeads (a newly launched natural family planning method through a subagreement with the Institute of Reproductive Health). While 20 clinics in Kinshasa, 4 clinics in Lubumbashi, and 3 clinics in Bukavu also carry these products.

Additionally, during the year, 36 Mobile educators in Kinshasa, Lubumbashi and Bukavu routinely educated the target population through IPC activities and referred potential clients to network clinics and local pharmacies. New sites were also opened during this period in Mbandaka, Kananga and Katanga provinces per the scope of work of the new 5 year FP USAID funded program. The increase in contraceptive sales during the reporting period demonstrates a rise in family planning acceptors.

A training of trainers for provincial coordinators and IEC agents was started by nine members of ASF. Six representatives from the National Reproductive Health Program (PNRS) also participated in order to bolster the training capacity within ASF, at the provincial and national level. Training was completed by beginning of April with subsequent training of new sites continuing afterwards.

A Mystery Clinic survey found that approximately 80% of clinics and 40% of pharmacies within the Confiante network on average correctly counseled clients on family planning options. Based on survey findings, ASF is taking the appropriate steps to increase the percentage of clinics and pharmacies that consistently provide good counseling by the end of project.

Final development and the pretesting of generic and branded mass media campaigns, broadcast via television, radio and print, in four principal languages was also completed. The launch of these campaigns will increase the level of awareness, product information and demand for modern contraception. A toll-free line became operational during this period permitting callers to

ask for information on Confiance products and services, the location of clinics, and general HIV/AIDS service information. Almost half of the callers were men, which is very encouraging considering that men often represent the gatekeepers of HIV infection.

PSI-DRC continued its efforts in improving access to affordable male and female condoms, with over 11 million male condoms and over 33,000 female condoms sold and distributed. From April to September, over 77,000 people in high risk areas were reached by behavior change communications (BCC) and messages. Among the populations particularly targeted include commercial sex workers, their male clients, many of whom are truckers. Due to PSI/ASF's partnership with 4 local NGOs and the improved promotion of VCT, significant increases across the board in CSW-related indicators were recorded. While over 15,000 military personnel were reached by BCC messages through peer educators, while over 11,000 police were reached by fellow police peer educators. An additional success during the year was the increased sales of condoms in non-urban provincial areas, which passed the 50% mark.

Activity 8: Eritrea —HIV/AIDS Prevention Project

Description

PSI initiated social marketing activities in 1996 under a tripartite agreement with the MOH and the National Union of Eritrean Youth and Students (NUEYS), which created the Eritrean Social Marketing Group (ESMG). The objectives of this follow-on program are to scale up distribution activities to a national level, intensify communications campaigns designed to encourage condom use among high risk target groups, and increase local capacity to manage a national social marketing program. The activity will target groups such as CSWs, truck drivers, and Eritrean youth through the NUEYS national network. This activity will contribute to USAID/Eritrea's SO 1: Increased use of sustainable, integrated primary health care services by Eritreans.

Progress in FY 05

ESMG programs have evolved from knowledge based campaigns to behavior change campaigns (BCC). A key component of BCC is the peer education program outlined above. This program addresses knowledge (including myths about HIV), but focuses more on attitudes and healthier lifestyle behaviors. ESGM's BCC campaigns promote five key messages: delay of sexual debut, condom negotiation, the myth of trusted partner, condom efficacy, and personal risk perception. These messages are specifically tailored to the various target groups and are relevant to that group's risk behavior. For example, campaigns targeting general youth emphasize delayed sexual debut and the myth of the trusted partner; campaigns targeting military emphasize partner reduction, the myth of the trusted partner, and condom use, while campaigns targeting formal and informal sex workers promote condom use including condom negotiation skills. All campaigns address personal risk perception. ESGM supports the interpersonal communications campaigns with events (MVU and drama shows) and mass media to further strengthen these messages.

ESMG's military peer education program is being implemented within the partnership of the NUEYS Zoba offices and with the coordination of a project coordinator from the central NUEYS office. Over the last 12 months ESGM has been introducing a new peer education program to the military and various PR works have been accomplished. Training of trainers in four zobas

began in August and 30 complementary MVUs were conducted in their regions. ESMG has also established a strong link between the AIDSMark funded HIV prevention program targeting the military and the UNFPA funded VCT program targeting the military by synergizing and coordinating ESMG's MVU presentations. This program entails a trainer-of-trainer of 10 selected military peer facilitators who will form 15 peer groups in their respective operational zones. To date 9 trainers have been trained and have formed 8 peer groups (of 20 people each) and peer education is underway. Furthermore 50,000 brochures and 1,600 posters promoting military VCT sites (UNFPA funded) have been designed, developed, pretested, produced and are now being distributed during the MVU shows (see below). An official coordinator has been established and the program, which had a slow start, is now rapidly progressing

Activity 9: Guyana – Social Marketing for STI/HIV/AIDS Prevention

Description

PSI's social marketing project is designed to increase safer sexual activity among high risk groups by improving accurate self-risk perception and effective risk management, and ensuring widespread access to affordable VCT services and condoms. Ultimately PSI will encourage healthier behaviors whereby messages promote knowledge of one's HIV serostatus, delay of sexual debut, partner reduction, and, where appropriate, consistent condom use.

PSI/G mass media behavior change communications (BCC) campaigns will address issues such as self-risk perception and effective risk management (including decreased number of partners, delayed sexual debut and correct and consistent condom use), and HIV-related stigma. A civil society initiative will seek to help build capacity of organizations than assist persons living with HIV/AIDS. Peer Educators will use interpersonal communications strategies that are entertaining and inviting to build knowledge of HIV. PSI/G will also conduct a condom distribution campaign to distribute low-cost condoms to high-risk groups. Finally, PSI/G will also enhance voluntary counseling and testing services practices by public and private groups around the country.

With USAID support, PSI will also improve the capacity of two existing VCT sites in Georgetown through franchising and develop a mobile VCT unit that will provide VCT services to high risk groups in more rural areas. PSI will develop and launch a radio, print, outdoor media and interpersonal communications campaign to promote the use of VCT services in Guyana.

Progress in FY 05

The HIV/AIDS Social Marketing project was designed to increase HIV prevention among high risk groups by helping individuals improve their knowledge about HIV transmission, self-risk perception, and risk management. Additionally, its goal is to ensure widespread access to high quality and affordable VCT services and condoms. The project sought to encourage healthier behaviors through messages that promote knowledge of HIV serostatus, delayed sexual debut, partner reduction, and consistent condom use.

In just a few short months, the HIV/AIDS Social Marketing Project established a VCT network that included four franchise sites, one stand-alone site and a mobile unit all under the *New Start* brand. In addition to establishing and directly counseling and testing numerous individuals at

these sites, the HIV/AIDS Social Marketing Project worked with the Ministry of Health and other NGOs conducting VCT, to support and provide training to the services all VCT clinics in Guyana. Additionally, the HIV/AIDS Social Marketing Project launched *Vive* brand condoms and succeeded in distributing them in all regions of the country and established behavior change communication campaigns that focus on the ABC approach.

The HIV/AIDS Social Marketing Project also provided technical and material support to the Ministry of Health in the creation and implementation of the *Me to You—Reach One, Save One* campaign and with the creation of youth clubs around the country. The *Me to You* Campaign planned to reach 100,000 Guyanese by World AIDS Day, by encouraging individuals to take specific actions to protect themselves from HIV.

Activities 10: Haiti – Targeted Social Marketing for STI/HIV/AIDS Prevention

Description

Support from USAID/Haiti through AIDSMark assists in implementing innovative social marketing activities targeted at a variety of audiences, with particular emphasis on target groups such as: 1) high-risk groups, including a) commercial sex workers and their clients, b) men who have sex with men, and c) transient populations and their partners; and 2) youth 15-24 years of age. In addition, the general population of reproductive age is considered an important secondary target group, both with the aim to promote safer behavior, and to create an environment that reinforces the impact of HIV/AIDS prevention activities with the primary target groups. The geographic scope of the planned interventions is national, and will include all nine departments. Certain target groups are reached within specific areas.

Progress in FY 05

The youth program trained 42 peer educators, 17 of which are girls. 2,970 brochures and educational support materials focusing on girls' empowerment and an increased understanding of reproductive health issues were distributed to local youth.

2,238,629 male condoms and 22,291 female condoms were sold during this reporting period (not including March). The BCC campaign for condom promotion has targeted high-risk groups, CSW and their clients (through Condomania outreach activities) and at risk-youth (through Club ABC outreach activities).

During the first quarter, a qualitative study guide was also developed in coordination with partner organizations in preparation for the development of a communication campaign. Focus groups were conducted with 34 people in Cayes. Two additional rounds of focus groups are planned for April in Cap Haitien and Port-au-Prince. The launch of the media campaign is scheduled for June 14, which coincides with World Blood Donation Day.

Three clinics were established and became fully functional. However, with CDC approval, the third clinic site opened in Cap Haitien, rather than in Petionville, to avoid a gap in activities at the existing center.

1,012 clients have enrolled in the LAKAY network from inception through March based on data available to date. The following also received training during the period covered: 3 physicians, 2

nurses, 4 auxiliary nurses, 4 counselors, 10 community outreach workers, and 20 peer educators. The training included both theoretical and practical sessions. PSI requested a 3 months no-cost extension of this project and FOSREF submitted a revised workplan for activities under the next quarter. However, due to minimal funding available, activities will slow down until FY 05 funds become available.

Activities of peer educators and VCT promotion have been ongoing under the 4 sites of Espwa Lavi offering VCT/PMTCT services. Promotion of VCT services has been carried out through 1) mass media: one new TV spot launched in May with accompanying posters, radio messages, and brochures; and 2) interpersonal communication: awareness-raising sessions with PLWHAs around the sites, and community health agents.

This project marked PSI/Haiti's first interventions with drivers and was piloted in Port-au-Prince and Miragoane. In general, drivers in Port-au-Prince welcomed this project and five peer educators successfully participated in the sensitization activities in the capital. The main constraints of the project has been that despite the Unions' enthusiasm for training their members as peer educators for HIV prevention and VCT promotion, the lack of organization within the unions rendered implementation of activities difficult.

Seven peer educators and 1 supervisor make up the Sex Worker Peer Education Program. A training session will be reconducted in quarter 4 to train 3 additional peer educators whose level was not adequate after the first raining session, but who showed potential for improvement. Highlights of the project include the high level of commitment of the owners who accepted to be sensitized by PSI/Haiti, as well as the high level of commitment of peer educators. PSI/Haiti initiated an incentive system whereby each CSW who attends 6 sensitization sessions on different modules receives a kit of promotional material and this strategy has contributed to increase regular attendance by the target population. The main constraint of this project has been the high mobility of the sex workers, which makes it difficult to reach the same sex workers a number of times, and to monitor and evaluate the impact of the BCC messages.

Some of the ABC Clubs in the provinces were closed due to lack of proper resources for Monitoring and Evaluation. While the Club of Port-au-Prince has continued this reporting year to continue to pursue activities and has benefited from reinforced and extended training. The Youth PE conducted a total of 13 sensitizations activities reaching over 6,000 youths. The abstinence and self-esteem campaign includes a radio spot, a jingle, posters and brochures targeting youth 10-14 year old. PSI/Haiti plans to revamp its youth program in 2006 and train peer educators in selected schools in the capital and metropolitan area along with local partner organizations. By operating in schools, these programs will provided a venue for trainings and which will make close follow-up easier. In addition, it will allow the training of new peer educators every year which will produce a cascade effect. PSI/Haiti will reinforce its activities with partners for maximum synergies among the different Clubs and youths.

Activity 11: Honduras – PASMO's HIV/AIDS Prevention Social Marketing Program **Description**

USAID/Honduras is currently providing field support for AIDSMark/PASMO to implement a national STI/HIV prevention program that includes condom social marketing in high risk outlets, commercial channels and direct distribution to at-risk groups. In addition, PASMO complements

the behavior change and social marketing activities of USAID's strategy to support NGOs in HIV-prevention behavior change communication programs through the implementation of activities using its state of the art BCC modules for vulnerable groups and supporting social marketing activities for local NGOs.

PASMO proposes to continue implementation of its existing scope of work while further scaling up national prevention efforts in Honduras for a more comprehensive program, through the implementation of several initiatives for the fiscal years 2004-2007. PASMO will adapt its existing materials and, as necessary, develop new materials and modules for vulnerable groups with a targeted approach that disaggregates key populations, including:

- MSM: Materials and modules for gay men who are "out," closeted MSM, and male sex workers.
- Garifuna: Materials and modules based on the cultural context and traditions of this group.
- CSW: Materials and modules for fixed site and ambulatory CSW.
- Mobile Populations: Materials dedicated specifically for various sub-groups including transport workers, clients at bars, uniformed men and migrant workers.
- PLWHA: Materials and modules for this critical group to promote prevention and rights.

Progress in FY 05

In February all senior staff participated in BCC training to reinforce PASMO's commitment to Behavior Change in all departments (BCC, Admin as well as Sales/Marketing). During this period, 9 new consultants were also trained and began implementing activities with target populations. The coordination of activities between PASMO and COMCAVI (USAID funded grant making project) also began in order to ensure full coverage of high-risk groups and to avoid the duplication of work. In addition, BCC promoters worked with sales/marketing this year promoters to open up new points of sale in high-risk zones.

A distribution agreement was also reached w/ Medilab and CODIS (non-traditional commercial distributor), and sales-staff were also trained during the year. New Business Vision, a web-based MIS system, was installed and was used to begin tracking BCC, sales/marketing, and inventory data. VIVE lube, an imported water based lubricant, sales this year.

This year, PASMO/Honduras participated in an assessment by PSP1 to design USAID/Honduras' strategy for the social marketing of contraceptive projects. The final design of this program, of which, is currently still being discussed. While an independent consultant also met with key stakeholders (donors, international organizations, as well as NGOs) to collect information on the needs for HIV/AIDS prevention in Honduras. Information was also collected and discussed on PASMO's strengths and weaknesses, as well as its future directions. Information gathered from the interviews will be used to define PASMO's strategic plan. Carlos Rivera, former country manager for PASMO/El Salvador, was also recruited during the year to support increasing local capacity at PASMO/Honduras.

Activity 12: India – Operation Lighthouse: A Port-based STI/HIV/AIDS Intervention **Description**

With funding from the United States Agency for International Development (USAID), PSI has begun a five-year (2001-2006); port-based STI/HIV/AIDS intervention in India called Operation

Lighthouse. This national program will focus on all the major ports in India, namely, Mumbai, Kolkata, Haldia, Chennai, Vishakhapatnam, Kandla, Paradip, New Mangalore, Marmugao, Tuticorn and Kochi, with a core technical team coordinating the activities from Mumbai. This project will build on the momentum, knowledge base, resources, and infrastructure of PSI/India's successful social marketing project. Operation Lighthouse will reach millions of people, specifically vulnerable populations in port communities, with the information, services, and products they need to protect themselves from HIV/AIDS.

Port communities are crucial as they unwillingly serve as a convergence point for many Indians at the highest risk for contracting the disease themselves and transmitting it to others. Port communities are strategic as they are often located in urban centers, directly and indirectly employ large numbers of men from every walk of life, many of whom spend part of their time living away from their families. Port communities are critical because of need; they are underserved by current interventions.

Through Operation Lighthouse, PSI and USAID will reduce HIV incidence in port communities. This will be realized through aggressive condom social marketing and medical service delivery backed by a powerful and targeted communication strategy that reaches the right people with the right messages in all of India's 12 major port communities.

Progress in FY 05

1,000,000 people practicing high-risk behavior were estimated to have been reached in this period through targeted communication interventions.

In order to learn about and better address MSM behavior, PSI launched a campaign with the theme: 'Risk of HIV/AIDS with Man/Woman/Hijra'. The theme duration was from February 2005 to April 2005. Initially, apprehensions existed about target audience response to the theme, resulting in discomfort among the field staff about implementing it. However, with trainings and the constant support of their supervisors, the team became more confident and comfortable with it. New training leaflets and intervention materials were developed for this theme.

During the year a local training agency was recruited to train the team on the southern ports. Language was among the issues addressed in their trainings. The services promotion team continued to deal with two messages in these ports, "The Importance of knowing my HIV status" and "STI-causation."

In the last quarter of 2004, the findings of the mid-term BCIS (Behavior Change Impact Survey) were disseminated. The findings reflected the progress made by the program on several important indicators and gave the BCC team direction for future program improvement. The data indicated that considerable progress has been made on several important log-frame indicators from the initial baseline study (BCIS I) and clearly showed that the program is on track.

The BCIS also helped us to define the year's strategy for the male target group. Consistent condom usage was one of the "behaviors" identified for program focus in 2005. A "segmentation" analysis of BCIS-II data was performed in order to highlight the barriers to consistent condom use with commercial partners. The three important barriers that emerged from the analysis are:

1. Condoms are not available at the time of sex
2. Not comfortable in wearing condoms in the dark
3. Condom use either signifies lack of trust or the presence of a disease.

Communication themes during the year addressed one or more of these barriers through a combination of various ground activities.

The second phase of the self-risk perception campaign popularly called ‘Balbir Pasha’ ran from Nov 04 to Feb 05 in Mumbai and Vashi with following messages:

- “A fling once in a while is ok” [addressing married men and the risk they put their family when they indulge in this act]
- “Not wearing a condom is a sign of machismo”
- “Trusted partner” [addressing the fact that no risk is perceived with a trusted partner through the fact that the partner could have had many other partners in the past]

The campaign was launched on Nov 15th 2004 with a teaser and moved on to the above messages. Mumbai District AIDS Control Society [MDACS] supported and endorsed the campaign in this phase. Outdoor hoardings/billboards, local cable television, cinema and radio were used as the media. The campaign ran its full course, from 15 Nov 2004 to 25 February 2005. Unlike previously, the campaign ran without controversy and resulted in an increase in phone calls to the help-line and walk-ins to the VCT clinics.

Currently, 13 centers provide high quality Voluntary Counseling and Testing Services. 9 are static sites and 4 are mobile clinics. The thirteenth VCT in Namakkal has become operational during the year. The VCT clinics saw 11,681 clients and the the four helplines received 25,487 calls in this period. In March, all help-line and VCT clinic counselors participated in refresher training at Goa. The training focused on updating knowledge of STIs, HIV/AIDS, MSM counseling and effective referrals for Care and Support. It also acted as a great “stress-buster.” It involved experience-sharing and rapport building across the staff of various towns.

The STI franchise program in Mumbai also gained momentum during the year . As of March 2005, 85 doctors are a part of the “Key Clinic” franchise network. Presently 35 providers are enrolled in Thane and 50 in Mumbai. Recruitment in most parts of Mumbai was completed during this period.

Post training support visits on patient log, infection prevention and post exposure prophylaxis continues for network members. In addition to this, on going technical support to the network members are provided by our panelist and STI/HIV /AIDS specialists. In February a team of four independent consultants hired by USAID assessed the OPL program. The consultants visited seven ports apart from spending time with the team at the Mumbai Core Office. The draft of report spoke quite positively about the projects achievements and the staff.

Activity 13: Kenya – Behavior Change Communication to Reduce HIV Prevalence among Kenyan Youth, Hormonal Contraceptives to Improve Reproductive Health of Kenyan Women, and Bednets and Re-dipping Services and Other Products to Improve Child Survival

Description

The overall aim of this program is to contribute to the improvement of the health status of Kenyans. To accomplish this, proposed funding will contribute to the continuation of five program components: social marketing of *Trust* condoms, the prevention of mother-to-child HIV transmission (PMCT), reducing HIV risk behaviors, social marketing of *femiplan* oral and injectable contraceptives and social marketing of Supanet insecticide treated mosquito nets (ITNs) and Power Tab insecticide retreatment. It is envisaged that generic behavior change campaigns will be an integral part of each component.

Progress in FY 05

Significant progress was recorded during the period. All products (except for pills and injections, which suffered from stock outs) reported significant sales gains compared to previous year totals. In particular, the ITN clinic program expanded rapidly. Annual marketing plans were developed and finalized for all 2005 activities. DFID co-funding increased by \$4m due to exchange rate savings. Most indicators will be updated in the next reporting period as results from BCC and product track surveys will be available, as will results from the latest distribution survey.

Activity 14: Lesotho – VCT Activities in Lesotho

Description

The proposed project will expand access to and demand for VCT services in Lesotho. Over a three year time frame, the proposed project will establish 3 model integrated VCT sites within Government of Lesotho health facilities in Maseru, Mafeteng and Maputsoe and, if possible, establish one model stand-alone site in Maseru. Each site also will provide mobile VCT services and outreach coordination to reach outlying areas and mobilize post-test support. The project also will increase demand for VCT services among Basotho by promoting the services offered at these sites through a mix of mass media and interpersonal communications. The network of high quality model VCT sites will share standardized training, operational guidelines, counseling and testing protocols, brand name and logo, marketing and promotion and monitoring & evaluation (M&E) tools.

The proposed project is designed to serve as a focal point for HIV prevention, care and support expansion in Lesotho in two ways. First, the integrated VCT sites within health facilities could assist the Government in the expansion of its prevention of mother to child transmission (PMTCT) services. Second, the network of pilot sites sharing standardized training, protocols, marketing and M&E could expand to include other sites within government facilities or run by NGOs or the private sector.

Progress in FY 05

For all three sites combined, during April, the total number of clients tested was 876. For the reporting year, to date, USAID funded VCT centers in Lesotho have counseled and tested 10,648 people. These include outreach services in the outlying rural areas of Maseru, Mafeteng and Maputsoe, where the HIV prevalence rate currently ranges from 22%-42%.

On average, New Start Centre Staff went on outreach at least three times each week during the year. About 90% of all clients are currently seen through mobile VCT. During the year progress was made on preparations for the opening of two new CDC funded sites, one in Qacha's Nek in the south of the country and one in Buthe in the North of the country. Post-test Clubs are now currently operating at all three Lesotho sites, where meetings were held twice a week for club members, including negative and positive persons who have gone through the counseling and testing process at a *New Start* Center.

During the year, regular mobile VCT services were also provided to the Lesotho College of Education by PSI/Lesotho, in an attempt to build the capacity of the clinic to become a franchised member of New Start.

In July, PSI received funding from Global Fund to increase community based demand for VCT. These funds enable expansion of social marketing activities funded by the USG. PSI utilizes its internal marketing department and strong connections to the media to ensure promotion and advertising of the VCT site and its services through a combination of mass media—including radio, print and outdoor media—and interpersonal communications.

PSI continues to target specific high risk target groups, such as men away from home, commercial sex workers, and other vulnerable women, using interpersonal communications(IPC) techniques, and building on the peer education activities of other organizations who are already reaching these targets groups.

Additional communications activities include the development of materials and information tools for within the VCT centers and mobile VCT units. These materials provide information on what to expect from VCT, what the test means, how to develop a personalized risk reduction strategy, and what resources are available in the community following VCT. Materials, available in print or video media, are available at free standing centers as well as during mobile VCT activities. Materials are available for persons waiting for a counselor or to take home following the counseling session. These materials can also be an effective means of reaching people considering VCT services.

Activity 15: Madagascar – Behavior Change Communication to Reduce HIV Prevalence among Adolescents and Hormonal Contraceptives to Improve Reproductive Health of Women
Description

PSI's social marketing project is designed to improve sexual health among high risk groups by increasing self-risk perception and effective risk management while ensuring widespread access to affordable STI/HIV/AIDS prevention products throughout the country. Ultimately, PSI will encourage healthier behaviors whereby messages promote delay of sexual debut, partner reduction, and, where appropriate, consistent and correct condom use

Progress in FY 05

Among the most notable achievements during this reporting period has been the project's ability to surpass all sales and client objectives for condoms, STI kits and adolescent reproductive

health (ARH)/STI services clients. A new monitoring and evaluation system (TRaC) based on tracking surveys was launched. This will allow PSI to collect national baseline data regarding HIV and youth, high-risk men, as well as CSWs.

The year's activities also included the launch of a new CSW peer education program and included the recruitment and training of 16 CSW peer educators. Placed in the same high-risk towns as TOP Reseau their location was designed to capitalize on the pre-existing TOP Reseau RH services for this population. Ashley Judd, Youth AIDS ambassador, also made a visit to Madagascar during the period. Her trip included the filming of a documentary on HIV in Madagascar that highlights PSI's HIV prevention programs.

Additionally during the reporting period, PSI Madagascar teamed with current USAID health contractor, Chemonics (via their SanteNet project) to expand community based sales, involving related interpersonal communication, in rural areas.

Activity 16: Malawi - Improving Health in Malawi through Social Marketing

Description

The goal of this project is improvement in the overall health status of Malawians through social marketing. The objective of this project is twofold. The first objective is to mitigate the impact of HIV/AIDS by increasing the use of improved effective and sustainable methods of reducing HIV. Secondly, to increase the adoption and appropriate use of quality child survival products (Insecticide Treated Nets (ITNs) and Oral Rehydration Salts (ORS)). To accomplish this, PSI/Malawi will undertake an integrated strategy of social marketing of *Chishango* condoms, *Chitetezo Nets*, *M'bwezera Chitetezo* retreatment, and *Thanzi* ORS.

Progress in FY 05

Sales for the period were largely on track during the year with the exception of Chishango condoms. Chishango male condoms were approximately 9% below target. This was primarily linked to the introduction of the new Banja La Mtogolo (BLM), the Marie Stopes International affiliate in Malawi, social marketed condom and a related loss of key institutional sales at PSI/Malawi. The general economic conditions due to poor maize harvests and the late start of tobacco auctions are also part attributable.

While sales of our Chishango condoms are experiencing some temporary declines, it is reflective of the fact that condom market choice in Malawi has increased, rather than a decrease of condom use. This represents a positive "halo affect" attributable to the condom social marketing efforts in Malawi funded by USAID over the past 10 years.

During this period the Marketing and Sales Team also intensified efforts to target highlight risk outlets to improve the coverage of these important outlets with Chishango. ITN sales for the period greatly surpassed projections in all categories and in November, PSI/Malawi worked with the MOH and UNICEF to distribute 1.9 million retreatment kits used by government health workers to treat nets for free as part of SADC Malaria Week events.

In the area of behavior change communications (BCC), the period's major highlights included the introduction of a new methodology for conducting monitoring and evaluation surveys

referred to as Project TRaC (TRacking results continuously). Project TRaC uses rapid, cost effective and more frequent population-based surveys to track the progression of key indicators. This new approach also allows for the assessment of the correlation between identified opportunity, ability and motivation factors (defined in PSI's behavior change framework) to the healthy behaviors being promoted. Although outside the reporting period, in August 2005, PSI/Malawi's Research Department and the Youth Alert! team finalized its baseline tracking survey report to be used to monitor and evaluate the impact of the Youth Alert! Peer Education Pilot Project (funded via KfW co-funding). In July 2005, a No Cost Extension for the JHU funded Youth Alert! Listeners Clubs was granted. In September 2005 we launched the Real Man / Real Woman targeted Delayed Sexual Debut campaign.

In January-February, PSI/Malawi's Research Department and the Youth Alert! team worked to develop an initial baseline tracking survey to be used to monitor and evaluate the impact of the Youth Alert! Peer Education Pilot Project. The field work was completed in March and a final report is expected in April.

Other BCC-related highlights for the quarter included the continued expansion of the Youth Alert!/JHU Youth Alert! Mix Listeners Club program and the Communication Team's work on the pre-testing and adaptation of the regional Delayed Sexual Debut (DSD) campaign to be launched in Malawi under the Youth Alert! BCC program. Somewhat related to this, negotiations began during this period with our outdoor media houses to develop a plan to replace current billboards and community signs with new condom and DSD messages in locations that target high risk areas.

A major highlight for the program this period has been the facing of an unexpected funding crisis caused by the limitations placed on the AIDSMark global funding ceiling. In Malawi, the result of this decision has been that rather than receiving \$11.49 million in funding for a program designed to run through to March 2007, obligations have totaled only \$6.77 million. The program was therefore thrown into a situation where it has had to urgently seek follow-on funding through a new agreement. A proposal for follow-on funding was submitted to USAID/Malawi in November 2004. Therefore, from April 2005 to end June 2005, the program operated at a reduced activity level in order to ensure that the remaining funds (of the \$6.77 million) allowed for basic program operations through to the beginning of July 2005 when PSI/Malawi signed a the new award. For the period July - September 2005, the program has been operating through the new follow on funding. Only a few trailing activities have been charged to the AIDSMark grant since end June 2005. These include the follow up secondary school KAP, the final order of 900,000 sachets of ORS and the development of the Delayed Sexual Debut campaign

Given that there has been an increase in condom choices this year resulting from the aggressive distribution of Manyuchi condoms and an increase in the distribution and availability of public sector condoms, it is heartening to note that according to the preliminary 2004 Demographic and Health Survey (DHS) results condom use increased significantly over the past four years. In 2004, the DHS found that 46.6% of males had used a condom at last sex with a non-spousal/noncohabitating partner. This was up from 38.9% at the time of the 2000 DHS. Condom use reported by women at last sex act with a non-cohabitating partner only increased slightly. However, among younger women ages 15 – 24 reported use increased from 32.1% to 34.9%.

The Sales and Marketing Team conducted an annual wholesale, retail and consumer targeted promotion for high risk outlets during the period May - August 2005. This year's promotions were a clear success despite the poor economic conditions and helped us to make up for lost sales earlier in the year. This year our promotions included a special focused effort targeting high-risk outlets (bars and nightspots) to encourage greater coverage and development of these sales points.

Remaining BCC-related highlights, negotiations began with outdoor media houses to develop a plan to replace current billboards and community signs with new condom, delayed sexual debut and prevention malaria messages in locations that target high risk areas. The Mobile Video Units (MVUs) underwent extensive training to improve their educational content and targeting ability. Pilots have been conducted in 3 districts with new interactive shows targeting the Army, CSWs and Truckers.

Activity 17: Mexico – AIDSMark/PASMO Mexico Targeted HIV/AIDS Prevention Project Description

The purpose of the AIDSMark/PASMO program is to contribute to the Government of Mexico's National HIV Strategy, specifically in terms of lowering the incidence of HIV/STI among targeted high risk populations in Southern Mexico, such as men who have sex with men, migrant populations, commercial sex workers and their potential clients. The AIDSMark/PASMO project also aims to increase the affordability and accessibility of condoms throughout Mexico in a sustainable manner.

Progress in FY 05

In November 2004 Health Registrations for condoms were finally obtained. However, they had to be modified in order to import gross condoms which required 3 additional months for approved. The product arrived in the meantime via three shipments.

BCC implementation continues with all target populations and within all states agreed. Excellent relationships have been developed both with CENSIDA (Federal-level AIDS Program) and state-level HIV/AIDS programs. PASMO worked closely with CENSIDA and the programs of Veracruz, Distrito Federal and Tabasco for World AIDS Day activities. Three states (Yucatan, Oaxaca and Chiapas) have stated interest in getting free TV and radio time for PASMO's generic campaign.

VIVE condoms' Health Registration had to be modified for the second time in July, as a result of the MOH demand due to a change of warehousing address. The launch for the product was finally made possible 25 August 2005. During the report period, an authorized laboratory was contracted to perform quality tests required, after which, health officials approved the product for sale. Final approval to start sales was obtained 28 September 2005.

However, during the year, registration for the lubricant (VIVE Lube) was denied. As the product is already registered in Mexico under a different brand, it was expected that the registration process was assumed to be expedited. However, MOH denied registration and argued that it was not the same product. After resubmitting documentation from the manufacturer to prove VIVE

Lube was the same product, approval was again denied due to the product's different brand and packaging. PSI Mexico is currently waiting for documentation from the manufacturer to re-start the process.

Collaboration with the MOH of the State of Veracruz continued during this reported period. In order to reinforce their basic HIV concepts, and especially with respect to methodology, strategies and materials to reach MSM and CSW, PSI Mexico's trained 30 health officials. PSI Mexico authorized reproduction of available materials.

BCC implementation continued through 10 NGOs and an average of 6 BCC Promoters. A total of 5,889 activities reached all target populations during this reporting period. Prevention efforts also occurred within 10 prisons, which have also led to further collaboration with state level HIV/AIDS programs.

Activity 18: Namibia – Voluntary Counseling and Testing

Description

The goal of this intervention is to support the development of voluntary counseling and testing (VCT) services in Namibia over a two year period by providing a technical expert to work at the Ministry of Health and Social Services (MOHSS) who will assist in the development and improvement of VCT services offered with the MOHSS hospitals. In addition, support will be given to assist the uptake of VCT services in Namibia through social marketing activities, namely the social marketing of a new “HIV Testing Day” in Namibia.

The funds will allow for the establishment of a further freestanding New Start Centre in Mariental, in conjunction with ELCAP. Mariental is the site for the regional hospital for Hardap region. The funds will also provide ELCAP with a regional office. A pilot program of distributing EPAP to positive clients at VCT centers will also be initiated.¹ The purpose of the pilot is to observe the potential of integrating nutritional assistance to those PLWHA who are very sick and are living in poverty, without interference of ongoing VCT activities.

In the follow on project, the venture will continue to support existing VCT activities such as training, monitoring and advertising. Training costs have increased due to the number of extra trainees being recruited and the inclusion of PMTCT and ARVs into the curriculum which has lengthened the training period. Extra support and additional monitoring visits by SMA staff and an external consultant will be given to new sites to establish quality standards. Further New Start advertising such as radio, billboards and popular print cartoons will also take place. Promotion and advertising of the centers is crucial in keeping New Start uppermost in the minds of potential clients.

Progress in FY 05

The PSI team in the Caprivi region were very active in rural areas during this period. Schools, bars and the tribal courts were the typical sites where the team could draw large crowds for educational campaign events. Such crowds were achieved as a result of the team's collaboration

¹ E PAP assistance will be initiated to 180 HIV positive clients at the original six EC funded New Start sites. If it is successful the activity will be extended to other New Start Centres.

with traditional village leader (Indunas). As events were attended by multi-generational participants, separate messaging was a challenge. Educational events in border areas were a specific focus during the year.

The Walvis Bay office also relocated during the first quarter of the reporting period. The team will now be in Namport, in the port area and very close to all target groups (CSW's, truckers and fishermen). This is a particularly key location, as the port employs thousands of men. The WB team also facilitated a workshop with 23 commercial sex workers at the town during the year. This is the second such workshop with some of the participants being repeat participants.

The Oshikango team is now situated in a container office in the parking lot of a combination truckstop/bar/brothel/hotel. This is a perfect venue because all of our target groups gather in this area. The team continued border educational events, one of which was observed by a USAID representative. The request for CoH services at nearby schools is very high. At one school event the learners were very open and said that cross generational sex is very common.

Activity 19: Nepal – HIV/AIDS and Reproductive Health Social Marketing

Description

The focus of activities aims to reduce the incidence of HIV/AIDS, and over two-thirds of USAID's social marketing resources will be invested in HIV/AIDS prevention. Additionally, in line with national policies, an integrated reproductive health response will be employed to address a broad range of reproductive health concerns including, Sexually Transmitted Infections with a focus on HIV/AIDS, Family Planning, Safe Motherhood, Maternal Child Health and Adolescent Reproductive Health.

Progress in FY 05

During this reporting period, within the context of social marketing (SM) for HIV/AIDS prevention, there has been improved segmentation of the most-at-risk target groups. Verifiable barriers to consistent condom use among female sex workers have been identified and integrated within programming designs. These include perceptions of condom availability and self-efficacy in condom use. During this reporting period, a total of 1,000 STI kits were sold through trained private sector outlets along the Western highway, in collaboration with the local NGO, the Institute for Community Health (ICH).

The deteriorating security situation in Nepal has put significant pressures on the social marketing program. Overall, sales are down marginally, especially during the period 1 January to 31 March 2005. Despite the increasing challenges and impact of the security situation, the program has continued to market eight family planning products on a nationwide basis, resulting in the generation of 126,131 CYPs for the period 1 October 2004 – 31 March 2005. This has been primarily through PSI/Nepal's major sub-recipient Nepal Contraceptive Retail Sales Pvt. Ltd (CRS). The social marketing program has provided ongoing technical assistance and capacity building support to CRS.

The reporting period has also seen an increase in the quality family planning services access, both through the expansion of the Sun Quality Health Network to five new districts in the Western region (with the establishment of 63 SQH outlets) as well as the continued family

planning services provided in the Kathmandu Valley via the SQH mobile service unit. During the year this unit provided 147 vasectomy services, 127 minilap services and 23 IUCD insertions.

The Nepal social marketing program adopted of new research and programming tools, namely the Market Research Omnibus Survey and Project MAP – Measuring Access and Performance. In addition, the program has experienced a significant paradigm shift in relation to social marketing planning, with classic marketing plans being replaced by PERForM Plans.

PSI/Nepal also continued to build the capacity of existing partners and networks while developing relationships with new partners, among them, the Institute of Community Health, and the Association of Cabin Restaurant Owners. During the year, PSI/Nepal continued to collaborate with civil society organizations. These included joint health camps in partnership with Rotary and Lions service clubs.

Best practices regarding social marketing and social franchising were also shared amongst HMG/Nepal and partners such as the MROS FSW research study dissemination). During the year PSI/Nepal also worked collaboratively with USAID SO2 partners to ensure program/project coordination and to prevent duplication.

During the reporting period, PSI/Nepal continued to emphasize extensive collaboration with partner organizations in order to enhance the social marketing program, including increased program coordination with USAID SO2 partners, namely Family Health International (FHI), Nepal Family Health Program (NFHP) and the Policy Project. Significant emphasis was placed on the capacity building of the social marketing program's primary partner, the Nepal Contraceptive Retail Sales (CRS) Company. This included providing formal training opportunities (e.g. the CRS MIS officer participated in a Microsoft Project 2003 training course), as well as ongoing technical assistance (e.g. through the formation of a joint communications team to manage advertising and promotion campaigns and through the formation of a joint coordination team for the management of a nationwide DMPA (Sangini) training program).

Social marketing activities continued to be carried out nationwide, with a specific focus on product and service access, demand generation, monitoring and evaluation and partner capacity building. Contracts with CRS, Impact International, the Blue Diamond Society (BDS), the Himalayan Social Welfare Organization (HSWO) and the National Human Welfare and Environmental Preservation Council (NHWEPC) continued to ensure the supply of products to traditional outlets, non-traditional outlets, men who have sex with men (MSM), male sex workers (MSWs), female sex workers (FSWs) and the uniformed forces respectively. Partner organizations were trained in condom social marketing in order to build their capacity to better serve their target markets. Monitoring and evaluation was carried out through an improved management information system (MIS), security reporting and regular field visits. The study designs and questionnaires for the MROS: FSWs Round Two and MROS: Clients were finalized, along with the study design for a condom coverage survey. Field work for both of these surveys was initiated during this period. Additionally, the study design and pilot questionnaire for an MROS: FP was developed and field tested.

Inter-personal communication (IPC) activities in dance restaurants and cabin restaurants continued, with 15 behavior change communicators visiting high-risk establishments around the Kathmandu Valley. They performed activities involving games, role-plays and movie shows with messages on condom efficacy and availability. A creative method of reaching street-based female sex workers, combining IPC activities with free beauty services in Kathmandu, was implemented successfully upon the completion of a pilot phase. A renowned comedy team led by popular TV personality Deepak Raj Giri was contracted to perform 196 informative comedy skits in dance restaurants. An IPC session with the Nepal Police was held successfully and highlighted the ABC (Abstinence, Be faithful, Condom use when necessary) message, as well as the correct use of condoms and availability. A number of additional collaborative activities were carried out, including participation in a two-day workshop organized by FHI in conjunction with the National Center for AIDS and STD Control (NCASC) to streamline a national communication plan. FHI and PSI also extensively collaborated on the development of a new communications campaign for condoms social marketed for HIV/AIDS prevention and several national events were supported by the program, including National Condom Day 2005. Four sessions of stigma and discrimination training were conducted with partners based in the central region, under the lead of the Policy Project.

Activity 20: Nicaragua – Scaling up BCC in Leon/Chinandega

Description

The goal of the Leon and Chinandega Expansion Project is to increase safer sexual behavior to prevent HIV infection. Activities to accomplish this goal include four separate components: 1) Increased behavior change communication (BCC) activities with those at risk of HIV infection 2) Beginning a youth education project promoting ABC's of condom use with an emphasis on abstinence 3) Increasing media coverage in the departments and 4) Increasing condom sales in the region

Progress in FY 05

In Nicaragua, the "enciendete" promotion was successfully developed during the year increasing the number of outlets with POP materials. A new agreement was signed with Centro de Mujeres de Masaya to increase service coverage for CSWs. A new agreement was signed with Campana Costena, an NGO on the Caribbean Coast of Nicaragua to increase coverage with MSMs, CSWs and potential clients of CSWs in the RAAS. During the year PASMO Nicaragua participated in the monitoring of the Committee of the AIDS National Strategic Plan and will take part in the development of a new plan. Focus groups were also initiated to develop new packaging for the Bodyguard Condom which will be relaunched in Q3 FY05. A location was secured for the Club en Conexion to be opened up in Ciudad Sandino. Implementation of new, user-friendly MIS software, Business Vision, began in Nicaragua.

The RAAS and the RAAN are the regions of Nicaragua with the third and seventh highest cumulative number of cases of HIV reported in Nicaragua. However, due their difficult geographic access, as well as the cultural and language differences of the Pacific Coast, many HIV/AIDS prevention efforts to do not provide coverage in this high-risk area. During the project period, PASMO partnered with local organizations, consultants and commercial distributors to expand coverage of BCC activities in the RAAS and continue distribution of Bodyguard and VIVE condoms. Despite challenges related to the social and geographic context

of this zone, PASMO achieved a 70% increase in IPC activities in the RAAS, increased sales of Bodyguard (PASMO's most affordable condom in Nicaragua) by 165%. PASMO also identified essential factors to take into account in future activities to scale up IPC implementation in the RAAN and increase distribution of VIVE and Bodyguard. PASMO accomplished these results through expanding and strengthening inter-institutional alliances with local NGOs on the Caribbean Coast and coverage provided by PASMO's consultants.

Campaña Costena contra el SIDA has been a key partner of PASMO's since 1999. Previous to 2004, Campaña Costena implemented an average of 10 - 15 activities per month with MSM and CSW. In September 2004, PASMO signed a new agreement with Campaña Costena to increase the number of activities to 30 per month. In order to strengthen the technical capacity of the NGO to work with the target groups, Campaña Costena incorporated a gay man into its BCC team to implement activities with the MSM community. In coordination with the scale-up of activities, PASMO provided a comprehensive training in PASMO's IPC strategies for Campaña Costena's BCC staff.

PASMO and Campaña Costena also coordinated with other organizations working on the Caribbean Coast who did not have the capacity to implement activities but had valuable contacts with the target groups. For example, ACRIC, AMNLAE and OPDESHCA promoted PASMO's activities with their target groups, referred them to Campaña Costeña and invited Campaña Costeña's staff and PASMO's consultants to facilitate workshops;

At the beginning of 2004, PASMO purchased the Bodyguard brand from Profamilia. Although the brand was still popular and had the reputation of a trusted product among consumers, confidence had decreased among distributors and retailers because ProFamilia had stopped promoting the brand, as the image was seen as "tired" and distribution was inconsistent. In order to support the image and sales of Bodyguard, during the reporting year, PASMO conducted consumer research to design a new look for the brand. This research revealed that among consumers, Bodyguard was a trusted brand with a serious, clinical image. This contrasted with the image of VIVE which was described as a product which was "cool" and targeted at a younger population. Bodyguard was also priced lower than VIVE. In order to maintain market segmentation both in pricing and image, PASMO wanted to keep both the low consumer price and serious image. The research also revealed that most consumers referred to Bodyguard as "BODY" and did not understand the meaning of "Bodyguard". In order to take advantage of the widespread recognition of the product, while adapting it to the reality, PASMO accentuated "Body" in the new package design. The new packaging was produced in May and Bodyguard was re-launched in June 2005. In order to strengthen the image of the brand, and reinforce its positioning for low-income and non-traditional outlets, PASMO focused Bodyguard marketing activities on community level, "popular" events in low-income sectors.

Activity 21: Nigeria – Targeted HIV Prevention Campaign and Support for Family Planning Description

PSI has a long-standing program in Nigeria with a history of support from USAID, dating back to 1993, when USAID invested in PSI and its Nigerian affiliate, the Society for Family Health (SFH) to create a nation-wide contraceptive social marketing program. Since then the operation

has grown with the support of USAID and other donors to become a major national resource in the effort to increase safe sexual practices and promote voluntary family planning in Nigeria.

In the calendar year 2001, the project expanded the scope and impact of HIV prevention activities targeted to high-risk audiences and continued to support voluntary family planning among people at low risk of contracting HIV. Specifically, PSI/Nigeria implemented the following key activities including increased contraceptive (especially condoms) introduction to key audiences through collaboration with USAID implementing partners and local NGOs. PSI/Nigeria expanded the Junction Town drama into all major regions. A new mass media campaign for condom promotion was designed and aired. The use of USAID-supplied injectable, oral hormonal contraceptives, and IUDs among audiences at low-risk of HIV infection was supported.

Progress in FY 05

The social marketing project continued to make significant impact in HIV prevention and reduction of unwanted pregnancy among the poor and vulnerable populations in Nigeria. Product distribution increased by about 10% over the previous reporting period. Several evidence-based campaigns, both on radio and TV, were developed and aired during the period, and supported by several below-the-line materials and outdoor media. SFH produced and aired more campaigns than it has even done in any given year during the reporting period, including the popular Zip-Up for abstinence. Capacity building for staff was also given priority attention during the year, and community level intervention strategies were reviewed based on the result of the QED, the results of which was generally encouraging.

Activity 22: PASMO AIDSMARK Regional Central America Project -- Belize, Costa Rica, El Salvador, Guatemala, Nicaragua, Panama

Description

In 1996 Population Services International (PSI) was awarded a regional contract by USAID G-CAP to address the spread of the HIV epidemic in Central America, and to help develop capacity in the region to stage an effective response. In order to achieve this objective the Pan American Social Marketing Organization (PASMO) was established in 1997. Over the next three years PASMO initiated an HIV prevention program in all seven countries of the region, creating an effective institutional infrastructure and developing the capacity needed to maximize health impact.

PASMO's strategy for this project period includes establishing the newly launched line extension for *Vive* (scented/flavored and contoured condoms), as well as the launching of lubricants and other feasible health products that will help contribute to improving health in the region. The decentralization strategy will also help reduce certain costs, while retaining the efficiencies of regional campaigns and systems development. PASMO will continue to negotiate media discounts and find other areas in which to achieve greater cost efficiency.

Progress in FY 05

Under the AIDSMARK project, PASMO embarked on a strategy to improve both the quality and coverage of BCC activities for high prevalence populations. This strategy sought to integrate intensive interpersonal communications with creative media using an ABC+ approach (including correct STI treatment, VCT and lubricant use for high-risk sex).

USAID support enabled PASMO to intensify and significantly expand VIVE distribution and promotion in non-traditional and high-risk outlets. PASMO's strategy included: a) redesigning and relaunching VIVE to modernize its image, reinforce quality perception among consumers and reinvigorate interest in the brand by both consumers and the trade; b) establishing a full VIVE line extension to include colored/scented and contoured condoms in order to offer greater variety, satisfy the preferences of some high-risk groups, and increase revenue; c) diversifying delivery channels to include independent salesmen and PASMO promoters for serving non-traditional and high-risk outlets more effectively and efficiently; d) designing strategic and creative media campaigns to increase brand appeal and build positive social norms for condom use among both consumers and the trade.

In FY 2004-05, PASMO began laying the groundwork to further strengthen evidence-based decision-making by upgrading M&E and MIS systems with the goal of delivering more timely, actionable data for decision-making at all levels of the organization. First, PASMO adapted and began implementing PSI's new "Dashboard" approach to M&E to provide a quick means for PASMO programmers to identify determinants that drive behavior change and supply source choices in HIV/AIDS prevention, to track key logical framework indicators and measures of product and service coverage, quality and access, and to determine whether PASMO's marketing mix is effective and equitable in changing behavior. Second, PASMO adapted and began implementing a new "Business Vision" MIS software which had been identified as state-of-the-art by PSI, and rolled out to social marketing affiliates around the world.

Activity 23: Russia – Social Marketing for STI/HIV/AIDS Prevention and Child Survival

Description

PSI implements strategic behavior change communications (BCC) on a number of levels to reach youth and high-risk groups and to encourage healthier behaviors protective against HIV infection.

This activity expands generic condom social marketing to reach vulnerable populations. Included in the design are safe sex campaigns using mass media and interpersonal behavior change communications. These campaigns target those groups most likely to transmit HIV/AIDS, including IV drug users (IDUs), commercial sex workers (CSWs), men who have sex with men (MSM) and STI clinic patients. In the fourth quarter of FY2001, this activity received additional funding and an extension through September 2002.

This activity contributes directly to USAID/Russia's Health Strategic Objective: "Improved effectiveness of selected social benefits and services" by supporting IR1: "Improved capacity to deliver services to reduce STI/HIV/AIDS transmission in selected vulnerable populations."

In addition to the Social Marketing activities outlined above, USAID requested PSI/Russia to develop an action plan for HIV/AIDS prevention interventions in the Samara Oblast during a 13 month period with a potential for follow-on funding. PSI has determined that a branded condom campaign that focuses on increasing awareness among youth about correct condom use, and simultaneously improving their access to affordable and quality condoms in a variety of outlets convenient to them, will most effectively respond to Samara's needs. While *Favorite* condom

distribution will be Oblast-wide through commercial channels, promotion will focus on the population centers of Samara and Togliatti cities due to impact potential and the concentration of HIV/STD infections in these urban areas. Within Samara, PSI will determine pilot areas for interpersonal communications activities that will support the branded and generic campaigns through activities such as peer education or in-school trainings, as determined appropriate by local partners.

Progress in FY 05

Through the Partnerships program, as the largest and most experienced NGO in these regions, PSI continued to build the networks of NGOs and governmental structures in Moscow, Samara, Saratov, and St. Petersburg last year. Currently, there are 21 USAID/ PSI partners implementing targeted interventions to core transmitters. These include local governmental structures, narcological centers as well as AIDS Centers.

Highlights from the first half of the reporting period include a new Russia-to-Russia partnership between the Info-Plus Center, Moscow, and the Samara Regional Public Foundation "Edinstvo" (Unity). This partnership was established and began work in April and served to transfer skills and effective techniques to those providing non-medical services to PLWHA.

The Anti-AIDS Foundation (Sakhalin) continued to target sex workers, military and police cadets, and customers of sex workers during the year. In cooperation with PSI, the AntiAIDS Center implemented HIV prevention training for 90 migrant workers from ExxonMobil last year. In cooperation with USAID, PSI also opened two new Partnerships in Irkutsk and Orenburg. A grant has been provided to Angarsk (Irkutsk Oblast) for the implementation of a highly targeted HIV prevention intervention targeting SWs.

The total during the fiscal year is approximately 20,000 IEC materials; 2,168 condoms and 1,756 lubricants. Numerous depth risk reduction trainings were also conducted by PSI with MSM in Moscow and St. Petersburg, which reached over 50 participants.

PSI also sponsored two major club events, with over 800 participants, held in large St. Petersburg gay clubs on World AIDS Day. While on St. Valentine's Day, PSI also conducted a large event in St. Petersburg reaching over 850 MSMs with 1,300 brochures, 500 condoms, and 600 lubricants. Participants received safe sex and healthy lifestyle messages from DJs, IEC materials, and outreach workers. During the first half of the year, outreach events targeted at MSMs held in St. Petersburg reached 1,647 people. While the Moscow based program contacted 1,447 people at club events and cruising areas during this reporting period.

PSI conducted 2 internet campaigns, the "Condom Powers" (October 4 – 17, 2004) and World AIDS Day (WAD) campaign. To commemorate World AIDS Day, PSI launched their most successful internet campaign to date. The campaign attracted users to click through AIDS information banners to play a game called "Speedometer." During this campaign, 209,048 individual users assessed their risk of HIV infection and 700 people asked questions and received responses from Dr. Pertsev on HIV related topics.

During the year, PSI Russia was also awarded \$2,000 from YouthAids to produce a brochure on abstinence targeted at youth aged 14 to 15. The money will be used for text development, design and focus group testing. The printing will be completed with USAID funds.

PSI, in cooperation with the Ministry of Education, also developed a pilot manual based on the popular talk show "The Right Choice" last year. 100 copies were printed using Russian Ministry of Health funds. The manual uses the TV show as a tool to initiate discussion among school students on HIV prevention. As it had done previously, PSI/Russia also conducted its Valentine's Day e-card internet campaign, with the slogan: "A Week of Love." The campaign attracted 59,212 unique users with 29,606 e-cards being delivered and opened during a 2-day period around St. Valentine's Day. E-cards contained messages about faithfulness, condom use and delayed sexual debut.

PSI has begun distributing Favorite condoms through 3 new nationwide distributors ensuring that Favorite Condoms are widely available to high risk groups. PSI signed on with a major distributor in Moscow – Bolear – and anticipates that this will allow for improved distribution in Moscow as well in new regions as condom social marketing expands under the Global Fund project.

In addition, PSI also launched an initiative providing Favorite condoms "at cost" for all NGOs and Governmental structures working in HIV prevention/ treatment. This initiative enables PSI to assist NGOs across the country by providing a high quality, low priced and branded product. In partnership with the news agency "Arguments and Facts" and the State Drug Control Department, PSI also conducted 3 events in Moscow schools devoted to drug demand reduction. 800 youth participated in the events and 1,500 brochures were distributed.

In St. Petersburg three round tables were held for the reporting period. Two all day "Open Door" events were conducted by partner organizations as well. These events were attended by city governmental officials, AIDS Center representatives and NGO leaders. While in Samara, PSI held two round tables with the City Health Department and 2 conferences for school directors with the Departments of Education and Health last year. PSI hosted a round table in Samara devoted to the epidemiologic situation in the Samara Region and the urgency and importance of HIV prevention activity. Participants included police, medical state departments and NGOs. PSI, USAID, and the US Department of Defense continue to discuss different options for the development and implementation of a HIV Prevention campaign for military personnel. PSI Samara held six joint events with local Government departments this half-year including joint training with the Family Centers to train school administrations in increasing HIV awareness among youth. PSI also signed a contract with 2 Raiyon Administrations of Samara City outlining cooperation.

During the reporting period PSI also conducted seven round tables in Saratov. At them, they discussed the improvement and refinement of services for PLWHA (Engels), drugs/alcohol and HIV in society (with Saratov pedagogical and medical specialists), complex prevention programs (with Regional Public State Department), and children's homelessness with an aim to include activity on orphaned children into the city program budget. PSI Saratov collaborated with Gosnarkokontrol to carry out the "No To Drugs" TV campaign and the "Titan's Bodybuilding" event to promote sport and healthy lifestyles over drugs.

During the reporting year PSI also participated in the Annual National Contest on HIV prevention campaigns organized by the Ministry of Health and Social Development. PSI materials were short listed in 4 categories: the best pro-social project on HIV prevention (TV show “The Right Choice”); the best educational project on HIV prevention (internet sites www.zhivi.ru and www.vozmissoboi.ru); the best printed materials for general youth on HIV prevention (Brochures “Rules of the Game” and “Secret Files”); as well as the best video material with the computer games “Partner Calculator” and “Space Trip.” PSI took top honors in the latter category. PSI also won awards including third place in the internet contest "Profile 2004" for the computer game “Space Trip” and second place for the branded TV spot “Umbrella” in the Advertising Festival in St. Petersburg).

PSI/Russia produced the reports report, “The Effect of ‘Take it With You’ and ‘Favorite’ HIV Prevention Interventions among Youth Living in Samara Oblast” last year. This report investigated relevant determinants of abstinence, faithfulness and condom use at last sex, monitors trends over time in the general population, and evaluates the effectiveness of the “Take it With You” and “Favorite” interventions in Samara. Exposure to both campaigns had a positive correlation to using condoms at least once and continuing to use them.

Both campaigns were found to be effective in addressing and improving issues related to condom-use negotiation by girls, communication between parents and youth regarding sexual topics, and in diminishing erroneous beliefs regarding people with HIV infection. PSI also released the Executive Summary of a KAPB Study of Moscow MSM in February. The study indicates that the PSI MSM program was effective increasing condom use in various situations and increasing risk perception among this group. A significant amount of research was conducted in 2004, with some analysis completed and submitted and some still ongoing. In 2004, PSI’s research department launched a new approach to collecting and analyzing KAPB data, which converts the data into easy to read monitoring tables. In Russia, PSI has begun to develop these monitoring tables based on the latest waves of research. PSI/Russia is currently in the process of updating its existing indicators table, so that we are better able to monitor changes in significant indicators over time.

Activity 24: Rwanda – HIV/AIDS Prevention among High Risk Groups

Description

The goal of this program will remain the same in Phase III: to reduce the incidence of HIV/AIDS transmission and the prevalence of other sexually transmitted diseases (STD) among the Rwandan military. Though PSI cannot attempt to measure this directly, and data from the Ministries of Health and Defense remain unavailable, it is presumed that the success of the intermediate results will result in a decreased incidence of HIV transmission among the target audience.

Progress in FY 05

Under the AB CO programs, PSI/Rwanda was able to exceed its reporting target of 800 by reaching 2,900 youth thanks to trained peer educators under the Trusted Partner program. As for the AB MM program, PSI/Rwanda set a target for this reporting period of 694,700-targeted youth reached.

For the last reporting year, PSI/Rwanda set a target of 80 short-duration person-trainings to train youth peer educators and 340 medium-duration person-trainings to train refugee, prisoner, and military peer educators. Under short-duration trainings, PSI/Rwanda fell short of its 80-person goal, as only trained 29 youth peer educators in Butare. The reason for this short-fall is that PSI/Rwanda is still waiting for TRAC's final approval of the new youth VCT centers identified by PSI/Rwanda.

As for the medium-length trainings, PSI/Rwanda exceeded its goal of 340 by training 390 refugees, military, and prisoners. Under the ABC CO programs, PSI/Rwanda set a target of reaching 20,000-targeted persons. PSI/Rwanda fell short of this target, as the targeted programs were only able to reach 13,106. The main reason we fell short of our target is that some of the reports from DMS totaling the number of military men reached and from the refugee program have not yet been submitted to PSI/Rwanda.

In the case of HIV focused programs providing TA, PSI/Rwanda was able to reach its target of implementing 1 program for this reporting period by seconding a communications advisor to the State Ministry for HIV/AIDS in the Ministry of Health.

During the reporting period, a peer education (PE) supervisor manual was developed as part of the development of a PE supervision database. PSI's PE training manual has been revised, and the training of the 25 new peer educators per province has been planned. Last year, PSI/Rwanda signed a subcontract to finance HIV/AIDS awareness-raising and VCT activities organized by the Association des Scouts of Rwanda. 850 youth were reached with HIV/AIDS and VCT messages during this event.

Another major achievement during the reporting year was the transformation of the three existing youth centers into three new "Centre Dushishoze" youth VCT centers. The three centers are in Ruhengeri, Kibungo, and Kigali-Ngali (Kabuga). In addition, throughout this quarter, VCT and IPC activities have continued at the "Centre Dushishoze" in Butare, as well as in the districts of Butare. 29 voluntary peer educators were trained in Butare to conduct IPC sessions throughout the province; 214 IPC sessions and 4 cinemobile sessions were held the second quarter, reaching 7,579 youth in Butare; and 931 people were tested at the Center during the third. During the last quarter, 1,326 youth received HIV counseling and testing services (771 males and 555 females) in Butare and Ruhengeri Youth Centers. 48 cine mobile sessions about VCT services in the new centers were conducted and reached 34,210 youth, of which, 10,690 were females.

During the reporting year, the Ministry of Internal Security (MININTER) signed a letter of approval for PSI/Rwanda to implement behavior change activities in the five selected prisons. The goal of training 280 peer education volunteers (PEVs) in the five pilot prisons was achieved. In turn, the trained-PEVs conducted IPC sessions among inmates, and would reach a total of 16,576 prisoners in different prisons.

Since the completion of their training, these PEVS successfully reached 23% more inmates this quarter through IPC sessions than last quarter. 21,470 inmates were reached the last quarter in the central prisons of Gikongoro, Ruhengeri, Gisenyi, Butare and Nyanza.

A letter of approval from the Ministry of Local government (MINALOC) to conduct peer education and VCT activities within the three chosen refugee camps was granted during the reporting year.

Discussions are still underway between partners and TRAC, however, to determine the feasibility of implementing VCT in the camps. 160 peer educators were trained in Byumba and Kiziba refugee camps. In addition, a report based on the qualitative findings from focus group discussions conducted in the camps was finalized. PSI/Rwanda also initiated the process of writing a protocol of understanding with each of the implementing partners in each of the respective refugee camp.

110 peer educators (out of a total of 200 to be trained) have been trained in general peer education and counseling skills in preparation to carry out HIV testing among the military through VCT outreach units. The peer educators have started to conduct IPC sessions and disseminate BCC messages among their peers. These peer educators are being trained to be “case managers” that continue counseling after the VCT outreach leaves a brigade.

During this reporting period, the youth program also recruited 3 radio staff and 18 newspaper staff. The program also recruited and trained 175 volunteer youth peer educators, 25 per province, in the provinces of Butare, Byumba, Umutara, Kibungo, Gisenyi, Kigali-Ngali, and Gikongoro. 12 peer education trainers/supervisors were trained on how to plan, monitor, and evaluate youth program activities. An existing reproductive health training manual was adapted to a “youth-friendly” context to fill the gaps of youth training needs.

Throughout the third quarter, VCT and IPC activities have continued: 587 IPC sessions were held at the Centre Dushishoze and throughout Butare province that reached 15,151 youth, 30 cinemobile sessions were held which reached 34,220 youth, 8506 people visited CD Butare, of whom 1580 were females, and 1360 received VCT services of whom 523 were females. During this period, a VCT procedures manual, combining national VCT strategic plan protocols and PSI procedures, was developed. 19 new VCT staff received training on following procedures in the manual. 13 VCT Counselors were trained in counseling, testing, reproductive health information, and STIs. The same 13 Counselors received further training in HIV screening at TRAC. TRAC also approved the establishment and rehabilitation of 2 new Centre Dushishoze (CD) centers with youth-friendly VCT services in Ruhengeri and Kibungo.

In this reporting period the training of 200 military PEs across all 12 brigades was completed. 8 DMS Counselors received training in counseling, testing, reproductive health information, STIs, and how to follow the VCT procedures outlined in PSI’s manual. The trained PEs conducted IPC sessions among 9,801 fellow soldiers within areas of deployment. MOD/DMS signed an MOU with PSI in which DMS agreed to make available 1 lab technician and 5 counselors to strengthen PSI’s Military VCT outreach unit, in order to meet the high VCT demand among RDF. Additionally, a message development workshop was conducted and IEC materials aimed at addressing barriers to VCT within the military are in the process of being produced.

During this reporting period, the youth program name was also officially approved. In order to ensure proper testing and selection of a program name, the youth team organized further pre-tests of possible names by testing over 500 youth through surveys and focus groups. The biggest

achievement the last quarter of the reporting period was the renovation and launching of the 2 new CD centers, one in Ruhengeri and the other in Kibungo, after receiving TRAC approval.¹³ VCT counselors received a refresher training in counseling, testing, reproductive health information, STIs, and how to follow PSI/Rwanda's VCT procedures. 6 counselors (2 per center) were trained by the Laboratoire National de Référence in the use of the "First Response" test kit.

Military mobile VCT also started during the reporting year, lead by a team of 5 Ministry of Defense counselors and 2 lab technicians. They visited and carried-out HIV testing for 701 soldiers in Umutara and Byumba brigades. They found that the demand for VCT far exceeded the initial expectations and we have tested far more soldiers than planned.

Military peer educators and counselors reached 6,611 soldiers with ABC and CT face-to-face messages.

Activity 25: Rwanda – Trusted Partner Campaign

Description

With PEPFAR funding, PSI/Rwanda will pre-test, adapt, and implement a behavior change communications (BCC) campaign called the "Trusted Partner" campaign. The campaign addresses the myth that a "trusted" and/or regular partner is a safe sexual partner, and therefore using means of protection during sex is not necessary, as well as the misperception that a healthy looking person can not be infected with HIV/AIDS.

Progress in FY 05

PSI/Rwanda successfully completed expected Trusted Partner campaign activities within this last quarter of last year's reporting period. As for the final communication activities of the campaign, a poster targeted for distribution in rural areas was designed, pre-tested, and produced and the communication of fidelity messages to schools was completed in collaboration with Pro-Femmes. The Song Contest took place provincially on October 29th and nationally on November 21, during which the national winning three songs were identified. The first place winner then recorded his song in a professional studio with MASSAMBA for distribution. The results of the song contest were so impressive that the national three winning groups were invited to perform at a Gala Concert for Youth for World AIDS Day. In-school and out-of-school youth from every province were invited, as well as the President and First Lady, Ministers, the diplomatic corps, and NGO leaders and officials.

Activity 26: Uganda – Project for HIV/AIDS Prevention and Family Planning

Description

The overall aim of this program is to contribute to the improvement of the health status of Ugandans. To accomplish this, proposed funding will support the continuation of four program components: social marketing of *Protector* condoms and *Clear Seven* STI treatment kits, social marketing of *Pilplan* and *Injectaplan* hormonal contraceptives, social marketing of *SmartNet* insecticide treated nets (ITNs), and social marketing in support of Voluntary Counseling and Testing (VCT) and Prevention of Mother to Child Transmission services (PMTCT).

Progress in FY 05

Last year, PSI-Uganda focused on improving the efficiency and effectiveness of activities in all program areas through improved Monitoring and Evaluations systems. During the last reporting period, the research department has set up a system of monitoring activities through Event Impact Studies that inform program staff on the effectiveness of our programs, which lead to the improvement of various activities.

The team has undertaken a tremendous amount of research this past half year including 2 pretests of A&B materials from the FL office and IRCU. The department has shared the 2003 Tracking Survey results (an omnibus survey looking at our products as well as health behaviors, nationwide) with various partners, tailoring the results to individual organization needs. The team will soon have results of our 2004 Tracking Survey which we will share with all partners.

The BCC team worked closely with various existing organizations to bring BCC messages to high-risk populations including the military, IDPs, and prostitutes.

In the past 12 months PSI Uganda experienced a number of challenges in implementing its HIV Prevention activities. Specifically in the Behavior change communications (BCC) activity implementation, 2 program activities including the Kikosi and “Trusted Partner” youth campaigns were discontinued due to political pressure. However, we have provided the First Lady’s office and Inter Religious Council of Uganda technical assistance in the production of A&B messages. In addition, the First Lady, the Queen of Buganda and the Minister of Ethics have participated as main advocates in our Cross Generational Sex program. The program targets university students, discouraging their involvement in “Sugar Daddy” relationships that prevent them from achieving their career goals.

In the sales department we maintained the indirect model of selling our products through a distributor network. Condom distribution to high-risk groups and outlets registered high numbers of targeted sales however; we had continued stock shortages due to supply problems and the new NDA condom testing requirements leading to periods of scarcity. PSI has also distributed more than 4 million free distribution government condoms. We have also had challenges with selling FP products recording a decline in sales of both Pilplan and Injectaplan in the first half of the year, however, the last quarter has seen large jump allowing us to attain our sales targets.

PSI Uganda received funds from CDC to implement a Basic Care Package (a package including Cotrimoxazole prophylaxis, ITNs, SWS watertight), and Prevention with Positives) to prevent opportunistic infections in HIV positive clients. This package fills the gap between being diagnosed with HIV and the need for ARVs. We also received funds from Procter & Gamble to launch a home treatment water product called PUR.

In administration, local staff training with a focus of creating even stronger management levels has continued during the reporting year. We set up an Advisory Board made up of 6 Ugandan’s to guide program activities. This board will transition to form part of the future board of Directors.

In the HIV services department we launched 2 Mobile VCT outreach teams that visited IDP camps to provide the very much-needed HIV testing services. The demand for VCT in the camps

was overwhelming to the extent that previously set annual targets were met within about 3 months.

The research department has undertaken a tremendous amount of research this past year including technical assistance to pretest A&B materials from the FL office and IRCU. The annual Tracking Survey (an omnibus survey) was also completed. The team has also conducted follow – up surveys among high – risk groups to evaluate the impact of the BCC activities. We have also conducted follow – up studies to evaluate family planning quality of care and PMTCT.

During this reporting period, PSI Uganda also received funds from CDC to implement a Basic Care Package (a package including Cotrimoxazole prophylaxis, ITNs, SWS (WaterGuard), and Prevention with Positives) to prevent opportunistic infections in HIV positive clients. This package fills the gap between being diagnosed with HIV and the need for ARVs. We also received funds from Procter & Gamble to launch a home treatment water product called PUR.

Intermediate Result 4.2: Enhanced quality, availability, and demand for STI management and prevention services.

Activity 27: Angola – AIDSMark VCT/STI Project

Description

Under the proposed follow-on program, the two IPMP-operated VCT/STI centers that were funded under the pilot program will continue to receive financial and technical support. The GOAL-operated VCT/STI centers have obtained separate donor funding to cover their operating costs, but will continue to receive technical support and rapid test kits under the follow-on program.

Building on the achievements of the pilot program, the follow-on program will continue to train clinic staff in HIV counseling, center operations and MIS; and monitor the quality of service at IPMP and GOAL VCT/STI centers. In addition, the program will implement a communications campaign to increase informed demand for VCT/STI services among target groups. An important component of the program is the development and promotion of a unifying logo that denotes quality VCT/STI services, which will be featured by centers that meet the program's quality standards. Also, the program will increase the level of psychosocial support provided to VCT clients who test HIV positive through collaboration with a network of support groups managed by Luta Pela Vida (LPV).

Progress in FY 05

PSI-Angola organized a successful counseling training in September that included participation by staff from the Ministry of Health, provincial health programs, the national institute against AIDS, NGO partners as well as staff from some for profit organizations which provide VCT on site, such as Odebrecht and Chevron-Texaco. There were a total of 32 participants. The training was lead by a very prominent expert in the field Brazilian Elizabeth Englesi. This training session was particularly important because it trained trainers. PSI-continues to receive requests to train counselors, this year in February we trained 25 health technicians in Cunene province in counseling for VCT and already have 2 more trainings scheduled.

In October PSI transferred the responsibility for the national VCT database to the Ministry of Health/ PNLS. This was achieved after negotiations with the government and with technical support from the CDC Atlanta.

Intermediate Result 4.4: Strengthened and expanded private sector organizations' responses in delivering HIV/AIDS information and services.

Activity 28: South Eastern Europe – Social Marketing for HIV Prevention

Description

The RiskNet project was launched in September 2002 with the goal of reducing HIV/STI transmission in Southeastern Europe. RiskNet is a group of NGOs that implement risk reduction activities in Bosnia-Herzegovina, Bulgaria, Croatia, Macedonia, and Romania. All NGOs that are part of this regional network target high-risk behavior groups with information on STI/HIV/AIDS transmission and prevention and STI testing and counseling or referrals to clinics that offer these services.

NGOs use similar implementation strategies that were designed by RiskNet partners during the first RiskNet regional workshop in January 2003. These strategies continue to be improved upon at each subsequent regional workshop. RiskNet members use their experience as experts in the region to help design activities that are appropriate for the entire region. As RiskNet enters into the last half of its second year, the NGO members have established not only professional ties, but personal ones as well. This has resulted in even greater exchanges of information and ideas across the region. This is most evident in almost daily email exchanges, notifying other RiskNet members of upcoming conferences and workshops, interesting news articles, funding ideas and sources, and donor information. Implementation ideas originate within the network. Annual workshops are held to ensure that all RiskNet members have input into implementation strategies. The effect is reinforcement of HIV/AIDS prevention efforts across-borders and throughout the region.

Progress in FY 05

During the reporting period in question, more than 3,000 people were assisted each month, nearly 1000 individuals were tested for HIV/STIs or BBVs; nearly 4000 new clients were registered and more than 250,000 condoms were distributed.

Other

Activity 29: Angola – Social Marketing of Long Lasting Nets in Angola

Description

The project purpose is to increase the use of ITNs among children under five and pregnant women in Luanda, leading to the goal of reducing malaria-related morbidity and mortality. The objectives are to increase informed demand for ITNs; to increase equitable access to ITNs; and to increase local capacity to sustain demand creation and delivery of ITNs. The projects expected results are to socially market 20,000 nets at full cost recovery prices into the commercial sector and to sell 10,000 nets at subsidized prices using highly targeted distribution strategies.

The proposed project will develop innovative strategies to increase ITN use across socio-economic strata, specifically targeting poor women of reproductive age (WRA) with targeted subsidies, while creating an enabling environment for the unsubsidized commercial sector to serve the overall population. This unique approach will include:

- Launching two distinct nets, one cost-recovery and one highly subsidized.
- Targeted communications and distribution to a market segmented according to need.
- Generic mass media campaigns to grow the overall ITN market and facilitate commercial sector market development.
- Delivery of subsidized nets through partnerships with health clinics, NGOs and other outlets.
- Facilitate commercial sector delivery of unsubsidized nets.

Progress in FY 05

The malaria project was launched in December 2004. Seguro e Salvo was launched initially in 10 clinics with a view to scaling up to all 28 antenatal clinics in Luanda by mid 2005. A community based agent was hired to promote net use to pregnant women attending the clinics and to train clinic staff in management and distribution of the nets. The agent is also responsible for monitoring of each clinic and ensuring that nets are being sold at the advertised price. Joia was formally launched in December 2005 with an event attended by the USAID Mission Director and the DCM, the British Ambassador, representatives of the Angolan Government including the Vice Minister of Health and representatives of major companies including ESSO.

The launch was supported by an advertising campaign featuring a famous local personality and incorporating TV, radio, banners and posters. The sales team was trained to promote nets and new clients were attracted to purchase nets. Sales have increased dramatically since the launch.

Activity 30: India – Safe Water Systems

Description

Over the next year (April 2004 to March 2005), PSI proposes to implement a social marketing project aimed at the reduction of the incidence of diarrhea, hence the reduction of under-five mortality in 5 coastal districts of Orissa, frequently affected by cyclones and floods: Jagatsinghpure, Cuttack, Kendrapara, Puri and Khorda. The project will cover the entire population of these five districts, currently estimated at 8.1 million², with a focus on rural areas (83% of the population) and urban slums.

Progress in FY 05

Last year in the slums of Dehradun and Haridwar, Uttaranchal behavior change messages relating to safe water and diarrhea control are disseminated to households by 153 community-based change agents and 72 health providers (Indian System of Medicine and Rural Practitioners) who are trained on issues related to diarrhea prevention and management, hygiene, sanitation and safe water. This approach is very IPC-intensive, relying mainly on the one-to-one or small group discussions conducted by change agents and the one-to-one interaction between health provider and child caregiver.

² 2001 census

Along with IPC, behavior change was monitored during the year in monthly visits. Stalls were put up in slum areas for product demonstration - correct dosage and taste. Interactive games were conducted in the slums primarily to address men on the issues of prevention of diarrhea and use of ORS to prevent de-hydration. In the state of Orissa, the project took a leap from October 2004, when trained IPCs were placed in the field to create demand for Safewat. The journey cycles of these IPCs were coordinated with that of the 15 mobile field agents in charge of product distribution, so that product availability is ensured in areas where demand is being generated. In addition, the PSI field force provided local NGOs with an orientation in Safewat.

A flip book for interpersonal communication on diarrhea prevention and management, leaflets and posters on Safewat and hand washing were among the communication materials developed. In Uttaranchal, approximately 32,000 households were regularly visited by change agents during the last reporting period. Approx. 3500 IEC events have been conducted to date, including street theatre, magic shows, interactive games, women's group meetings and stalls for product demonstrations. More than 300 sessions were held in schools to orient children on hand washing and use of water disinfectant. Newspaper inserts were distributed for 'Safewat' brand promotion. By undertaking minor civil work, public water sources are being protected with branded tiles, messages on ORS and Safewat use.

In Orissa, the leaflets developed and printed in September 2004 were distributed by the IPCs to the target populations in the villages during VAT shows (from October onwards) and by the MFAs in the village haats (weekly markets). A communication plan for the mass media was made in consultation with the technical team in December and the selection process was complete by Feb 2005. The TVC/Video film/radio jingles/wall painting design/script for folk theatre was finalized by April 05. The wall painting was initiated in the third week of April 05. The video film and audio jingle are scheduled for completion by the first week of May. The Video Van and folk shows will be launched in the second and third weeks of May. A meeting was initiated with the state water and sanitation mission for sharing the log frame of this project.

Pipeline Analysis Fiscal Year 2005

Section I CONTRACT/GRANT/COOPERATIVE AGREEMENT BASELINE REPORT1

COTR/CTO: Nancy Lowenthal
 TA: DATE PREPARED: 01/30/2006

Section II PROJECT ACTIVITY LEVEL INFORMATION

NUMBER: 936-3090.03
 TITLE: AIDSMark
 TOTAL
 AUHTORIZATION/APPR
 OVED AMT: 214,981.70 CORE: Fld Support: BI/AO:
 CUM. OBLIGATION
 FOR PROJECT: 214,839.37 CORE: BI/AO:
 DATE (1ST)IFY
 OBLIGATION: FY97 FFY OBLIG: PACD: 09/29/2003

Section III CONTRACTOR/GRANTEE INFORMATION

CONTRACTOR/GRANT
 EE NAME: CONTRACT/GRANT NO:
 Population Services
 International HRN - A - 00 - 97- 00021 -00
 CONT/GRANT
 AGREEMENT START
 DATE: 09/29/1997 CONT/GRANT AGREEMENT END DATE: 09/29/2007
 (Date Signed)

Section IV EVALUATIONS AND VISITS

CONTRACT/GRANT
 COOPERATIVE
 AGREEMENT:

Date Last Evaluation: Date Last Site visit:

Section V BUDGET AND FINANCIAL INFORMATION (\$000)

	PHN CORE+OYB Transfer	PHN FS POP+NON POP	PHN Core+FS	BUY-INS OR ADD- ONS	TOTAL ALL
Notes	<i>(core, managed orgs)</i>		<i>(MAARDS)</i>		
1. Total Estimated Cost:					214,981.70
2. Cumulative Obligations (thru 9/30/05)	18,888.00	180,860.92	199,748.92	15,090.46	214,839.37
3. Cumulative Expenditures (10/01/97- 9/30/05)	16,070.06	176,356.17	192,426.24	15,090.46	207,516.69
4. Expended in Year 8 (10/1/04 - 9/30/05)	2,952.15	39,002.12	41,954.27	0.00	41,954.27
5. Pipeline as of 9/30/05	2,817.94	4,504.74	7,322.68	0.00	7,322.69
6. Monthly Burn Rate (10/01/04 - 9/30/05)	246.01	3,250.18	3,496.19	0.00	3,496.19
7. Planned Expenditures (10/01/05 - 9/30/06)	2,106.92	3,571.13	5,678.06	0.00	5,678.06
8. Planned Monthly Burn Rate (10/01/05- 9/30/06)	175.58	297.59	473.17	0.00	473.17
9. Months Funding as of 10/01/05	16.05	15.14	15.48	0.00	15.48

(1) Cumulative Obligations thru 9/30/05		PHN CORE +OYBT	FS		(BUY-INS, ADD-ONS, MAARDS)	TOTAL ALL
	Core	18,888.00				18,888.00
	Africa Regional PPT		80.00			80.00
	Angola		8,885.00			8,885.00
	Azerbaijan		75.00			75.00
	Benin		6,700.00		800.00	7,500.00
	Bolivia		150.00			150.00
	Botswana		2,132.73			2,132.73
	Brazil		4,705.00			4,705.00
	Burundi		2,700.00			2,700.00
	Central America Regional		3,383.00		1,700.00	5,083.00
	Central Asian Republics		54.00			54.00
	China		385.00			385.00
	Congo		14,220.00			14,220.00
	Corridors of Hope		3,865.31			3,865.31
	Cote d'Ivoire		700.00			700.00
	Cross Gen Study		150.00			150.00
	Dominican Republic		445.00			445.00
	Eastern Europe Regional		1,960.00			1,960.00
	El Salvador		200.00			200.00
	Eritrea		2,925.00		1,676.17	4,601.17
	Georgia		667.50			667.50
	Guyana		1,395.00			1,395.00
	Haiti		2,278.13			2,278.13
	Honduras Study				25.67	25.67
	Honduras		2,899.00			2,899.00
	India		15,400.00			15,400.00
	Kenya		18,548.00			18,548.00
	Laos		375.00			375.00
	Lesotho		1,617.72			1,617.72
	Lesotho & Swaziland		106.97			106.97
	Madagascar		6,900.00			6,900.00
	Malawi		4,995.00		1,772.42	6,767.42
	Mexico		1,725.00			1,725.00
	Mozambique/CDC		2,276.10		3,250.00	5,526.10
	Myanmar		2,000.00			2,000.00
	Namibia		2,811.96			2,811.96
	Nepal		9,760.00		273.67	10,033.67
	Nicaragua		450.00			450.00
	Nigeria		13,955.00			13,955.00
	REDSO I - Migrants		300.00			300.00
	REDSO II - CSM		285.00			285.00
	REDSO III - CSM		250.00			250.00
	REDSO VI		300.00			300.00
	Romania		1,000.00			1,000.00
	Russia		16,740.00			16,740.00
	Rwanda		3,059.00		2,083.49	5,142.49
	South Africa		950.00			950.00
	Africa Bureau - SMASH		410.00			410.00
	Thailand		389.00			389.00
	Uganda		12,702.50		148.00	12,850.50
	Vietnam		150.00			150.00
	Zambia		1,400.00			1,400.00
	Zimbabwe		1,050.00		3,361.04	4,411.04
Total		18,888.00	180,860.92		15,090.46	214,839.37

(2) Cumulative expenditures (9/29/97-9/30/05)						
			PHN CORE +OYBT	FS	(BUY-INS OR ADD-ONS)	TOTAL ALL
		Core	16,070.06			16,070.06
		Africa Regional PPT		77.52		77.55
		Angola		8,701.84		8,701.84
		Azerbaijan		74.99		74.99
		Benin		6,686.29	800.00	7,486.29
		Bolivia		150.00		150.00
		Botswana		2,125.89		2,125.89
		Brazil		4,695.88		4,695.88
		Burundi		1,967.76		1,967.76
		Central America Regional		3,383.00	1,700.00	5,083.00
		Central Asia Republics		54.21		54.21
		China		385.00		385.00
		Congo		14,213.26		14,213.26
		Corridors of Hope		3,694.19		3,694.19
		Cote d'Ivoire		699.33		699.33
		Cross Gen Study		138.63		138.63
		Dominican Republic		445.08		445.08
		Eastern Europe Region		1,878.94		1,878.94
		El Salvador		194.00		194.04
		Eritrea		2,895.85	1,676.17	4,572.02
		Georgia		667.50		667.50
		Guyana		1,254.65		1,254.65
		Haiti		1,898.70		1,898.70
		Honduras study		0.00	25.67	25.67
		Honduras CSM		2,448.00		2,448.00
		India		15,338.74		15,338.74
		Kenya		18,520.52		18,520.52
		Laos		362.71		362.71
		Lesotho		1,491.85		1,491.85
		Lesotho and Swaziland		106.18		106.18
		Madagascar		6,901.32		6,901.32
		Malawi		4,919.88	1,772.42	6,692.30
		Mexico		1,616.00		1,616.00
		Mozambique		2,264.41	3,250.00	5,514.41
		Myanmar		1,999.99		1,999.99
		Namibia		2,488.86		2,488.86
		Nepal		9,687.18	273.67	9,960.85
		Nicaragua		447.51		447.51
		Nigeria		13,873.71		13,873.71
		REDSO I - Migrants		275.98		275.98
		REDSO II - CSM		284.03		284.03
		REDSO III - CSM		260.92		260.92
		REDSO IV-Regional Training		300.51		300.51
		Romania		999.81		999.81
		Russia		16,390.20		16,390.20
		Rwanda		2,977.64	2,083.49	5,061.13
		South Africa		715.64		715.64
		SMASH		402.95		402.95
		Thailand		380.76		380.76
		Uganda		12,038.94	148.00	12,186.94
		Vietnam		150.00		150.00
		Zambia		1,380.47		1,380.47
		Zimbabwe		1,048.99	3,361.04	4,410.03
Total Expenditures to Date			16,070.06	176,356.17	15,090.46	207,516.76

(3) PLANNED EXPENDITURES (10/01/05-09/30/06)							
			PHN CORE +OYBT	FS		(BUY-INS OR ADD-ONS)	TOTAL ALL
		Core	2,106.924				2,106.92
		Africa Regional PPT		0.00			0.00
		Angola		269.49			269.49
		Azerbaijan		0.00			0.00
		Benin		0.00			0.00
		Bolivia		0.00			0.00
		Botswana		0.00			0.00
		Brazil		0.00			0.00
		Burundi		500.00			500.00
		Central America Regional		183.23			183.23
		Central Asian Republics		0.00			0.00
		China		0.00			0.00
		Congo		0.00			0.00
		Corridors of Hope		0.00			0.00
		Cote d'Ivoire		0.00			0.00
		Cross Gen Study		0.00			0.00
		Dominican Republic		0.00			0.00
		Eastern Europe Region		80.20			80.20
		El Salvador		0.00			0.00
		Eritrea		9.95			9.95
		Georgia		0.00			0.00
		Guyana		0.00			0.00
		Haiti		129.44			129.44
		Honduras Study		0.00			0.00
		Honduras		450.99			450.99
		India		61.26			61.26
		Kenya		0.00			0.00
		Laos		0.00			0.00
		Lesotho		125.88			125.88
		Lesotho and Swaziland		0.00			0.00
		Madagascar		0.00			0.00
		Malawi		75.12		0.00	75.12
		Mexico		108.99			108.99
		Mozambique		0.00			0.00
		Myanmar		0.00			0.00
		Namibia		244.18			244.18
		Nepal		0.00		0.00	0.00
		Nicaragua		0.00			0.00
		Nigeria		80.49			80.49
		REDSO I - Migrants		0.00			0.00
		REDSO II - CSM		0.00			0.00
		REDSO III - CSM		0.00			0.00
		REDSO IV		0.00			0.00
		Romania		0.00			0.00
		Russia		348.44			348.44
		Rwanda		39.73			39.73
		South Africa		200.00			200.00
		SMASH		0.00			0.00
		Thailand		0.00			0.00
		Uganda		663.77			663.77
		Vietnam		0.00			0.00
		Zambia		0.00			0.00
		Zimbabwe		0.00			0.00
Total Planned Expenditures (10/01/05-9/30/06)			2,106.924	3,571.13		0.00	5,678.06

PIPELINE ANALYSIS PER COUNTRY

	Total Award	Total Obligation through 9/30/05	Expenditures through 9/30/05	Pipeline as of 10/01/05	Projected expenditures (10/01/05 - 9/30/06)	Projected pipeline as of 10/01/05	Expected FY 2006 funding	Needed FY 2006 obligation to fulfill current commitments
Core	18,888.000	18,888.000	16,070.061	2,817.94	2,106.92	711.01	0.00	\$0.000
Africa Regional PPT	80.000	80.000	77.552	2.45	0.00	2.45	0.00	\$0.000
Angola	8,885.000	8,885.000	8,701.842	183.16	269.49	-86.33	0.00	\$0.000
Azerbaijan	75.000	75.000	74.992	0.01	0.00	0.01	0.00	\$0.000
Benin	7,500.000	7,500.000	7,486.289	13.71	0.00	13.71	0.00	\$0.000
Bolivia	150.000	150.000	150.000	0.00	0.00	0.00	0.00	\$0.000
Botswana	2,132.728	2,132.728	2,125.885	6.84	0.00	6.84	0.00	\$0.000
Brazil	4,833.000	4,705.000	4,695.880	9.12	0.00	9.12	128.00	\$128.000
Burundi	2,700.000	2,700.000	1,967.758	732.24	500.00	232.24	0.00	\$0.000
Central America Regional	5,083.000	5,083.000	5,083.000	0.00	183.23	-183.23	0.00	\$0.000
Central Asian Reps	54.000	54.000	54.208	-0.21	0.00	-0.21	0.00	\$0.000
China	385.000	385.000	384.997	0.00	0.00	0.00	0.00	\$0.000
Congo	14,220.000	14,220.000	14,213.260	6.74	0.00	6.74	0.00	\$0.000
Corridors of Hope	3,865.311	3,865.311	3,694.194	171.12	0.00	171.12	0.00	\$0.000
Cote d'Ivoire	700.000	700.000	699.325	0.67	0.00	0.67	0.00	\$0.000
Cross Gen Study	150.000	150.000	138.628	11.37	0.00	11.37	0.00	\$0.000
Dominican Rep.	445.000	445.000	445.080	-0.08	0.00	-0.08	0.00	\$0.000
E/E Region	1,960.000	1,960.000	1,878.940	81.06	80.20	0.86	0.00	\$0.000
El Salvador	200.000	200.000	194.040	5.96	0.00	5.96	0.00	\$0.000
Eritrea	4,601.169	4,601.169	4,572.023	29.15	9.95	19.19	0.00	\$0.000
Georgia	667.500	667.500	667.500	0.00	0.00	0.00	0.00	\$0.000
Guyana	1,395.000	1,395.000	1,254.650	140.35	0.00	140.35	0.00	\$0.000
Haiti	2,278.132	2,278.132	1,898.695	379.44	129.44	250.00	0.00	\$0.000
Honduras Study	25.666	25.666	25.666	0.00	0.00	0.00	0.00	\$0.000
Honduras	2,899.000	2,899.000	2,448.000	451.00	450.99	0.01	0.00	\$0.000
India	15,400.000	15,400.000	15,338.739	61.26	0.00	61.26	0.00	\$0.000
Kenya	18,548.000	18,548.000	18,520.522	27.48	0.00	27.48	0.00	\$0.000
Laos	375.000	375.000	362.710	12.29	0.00	12.29	0.00	\$0.000
Lesotho	1,617.723	1,617.723	1,491.850	125.87	125.88	0.00	0.00	\$0.000
Lesotho/Swaziland	106.968	106.968	106.176	0.79	0.00	0.79	0.00	\$0.000
Madagascar	6,900.000	6,900.000	6,901.320	-1.32	0.00	-1.32	0.00	\$0.000
Malawi	6,767.415	6,767.415	6,692.295	75.12	75.12	0.00	0.00	\$0.000
Mexico	1,725.000	1,725.000	1,616.000	109.00	108.99	0.01	0.00	\$0.000
Mozambique	5,526.100	5,526.100	5,514.406	11.69	0.00	11.69	0.00	\$0.000
Myanmar	2,000.000	2,000.000	1,999.990	0.01	0.00	0.01	0.00	\$0.000
Namibia	2,811.955	2,811.955	2,488.857	323.10	244.18	78.92	0.00	\$0.000
Nepal	10,033.674	10,033.674	9,960.850	72.82	0.00	72.82	0.00	\$0.000
Nicaragua	450.000	450.000	447.505	2.50	0.00	2.50	0.00	\$0.000
Nigeria	13,955.000	13,955.000	13,873.711	81.29	80.49	0.80	0.00	\$0.000
REDSO I	300.000	300.000	275.982	24.02	0.00	24.02	0.00	\$0.000
REDSO II	285.000	285.000	284.030	0.97	0.00	0.97	0.00	\$0.000
REDSO III	250.000	250.000	260.920	-10.92	0.00	-10.92	0.00	\$0.000
REDSO IV	300.000	300.000	300.510	-0.51	0.00	-0.51	0.00	\$0.000
Romania	1,000.000	1,000.000	999.810	0.19	0.00	0.19	0.00	\$0.000
Russia	16,740.000	16,740.000	16,390.197	349.80	348.44	1.37	0.00	\$0.000
Rwanda	5,142.493	5,142.493	5,061.133	81.36	39.73	41.63	0.00	\$0.000
South Africa	950.000	950.000	715.640	234.36	200.00	34.36	0.00	\$0.000
SMASHI	410.000	410.000	402.947	7.05	0.00	7.05	0.00	\$0.000
Thailand	389.000	389.000	380.758	8.24	0.00	8.24	0.00	\$0.000
Uganda	12,850.500	12,850.500	12,186.941	663.56	663.77	-0.21	0.00	\$0.000
Vietnam	150.000	150.000	150.000	0.00	0.00	0.00	0.00	\$0.000
Zambia	1,400.000	1,400.000	1,380.470	19.53	0.00	19.53	0.00	\$0.000
Zimbabwe	4,411.040	4,411.040	4,410.030	1.01	0.00	1.01	0.00	\$0.000
TOTALS	214,967.37	214,839.374	207,516.764	7,322.61	5,678.06	1,644.55	128.00	128.000